



Attached is the Electronic Funds Transfer (EFT) enrollment form that you requested. The form can also be accessed and completed on-line, at Sentry.com.

By completing this form, Provider agrees to the following: This Authorization is between the Provider listed below (Provider) and Sentry Insurance a Mutual Company, its affiliates and subsidiaries (Sentry Insurance) and governs Provider's enrollment and use of the Electronic Funds Transfer ("EFT") service. The contact person identified on the Authorization warrants and represents that he/she is authorized to act on behalf of the Provider and that his/her acceptance of the terms of this Authorization creates a legally enforceable obligation of the Provider. Provider authorizes Sentry Insurance to electronically transfer funds for all eligible and authorized claim payments to the bank account provided and understands that upon activation of the EFT service, Provider will no longer receive paper checks for claims payments. Provider warrants and represents that all information listed on this Authorization is accurate and agrees to immediately notify Sentry Insurance of any changes to the information or if it wishes to cancel enrollment. Sentry Insurance is not liable for any loss that Provider may incur as a result of the EFT service. Provider agrees to indemnify Sentry Insurance from and against all suits, claims, or losses arising from or alleged to arise from the Provider's use of the EFT service. This Authorization constitutes the entire agreement between Sentry Insurance and Provider for the EFT service.

Please note:

- Please allow Sentry Insurance 7-14 days from receipt of all documentation to process EFT remittance, changes, or cancellation requests.
- Contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA.
(The Corporate Credit or Debit is an ACH standard for EFT which is used to make/collect payments to/from other corporate entities. The CCD+ ACH Standard can include one record of payment-related information of up to 80 characters. Health Plans use the CCD+ to send payments via EFT, with a reassociation number that matches the EFT to its associated ERA (Electronic Remittance Advice))
- Mail your completed form to:
Sentry Insurance a Mutual Company
PO Box 8032
Stevens Point, WI 54481

If you have any questions, or wish to determine the status of your enrollment, please contact the EFT enrollment team at 800-739-3344 Ext 1340034

Sentry Insurance ePayment Enrollment and Authorization Form

Detailed field descriptions can be found at the end of this document beginning on page 5.

Provider Information	
Provider Name:*	
Doing Business As Name (DBA):	
Provider Address	
Street:*	
City:*	
State/Province:*	
Zip Code/Postal Code:*	
Country Code:	
Provider Identifiers	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):*	
National Provider Identifier (NPI):* <small>(Required if applicable. Otherwise, optional)</small>	
Other Identifiers	
Assigning Authority:*\br/> <small>(Required if NPI is entered)</small>	
Trading Partner ID:	
Provider License Number:	
License Issuer:*\br/> <small>(Required if License Number is entered)</small>	
Provider Type:	
Provider Taxonomy Code:	

Provider Contact Information

Provider Contact Name:*	
Title:	
Telephone Number:*	
Telephone Number Extension:	
Email Address:*	
(Required if applicable. Otherwise, optional)	
Fax Number:	

Provider Agent Information

Provider Agent Name:*	
Agent Address:*	
Street:*	
City:*	
State/Province:*	
Zip Code/Postal Code:	
Country Code:	
Provider Agent Contact Name:*	
Title:	
Telephone Number:*	
Telephone Number Extension:	
Email Address:*	
(Required if applicable. Otherwise, optional)	
Fax Number:	

Federal Agency Information

Federal Agency Information:	
Federal Program Agency Name:	
Federal Program Agency Identifier:	
Federal Agency Location Code:	

Retail Pharmacy Information

Pharmacy Name:*	
(Required if provider is a Pharmacy)	
Chain Number:	
Parent Organization ID:	
Payment Center ID:	
NCPDP Provider ID Number:	
Medicaid Provider Number:	

Financial Institution Information

Financial Institution Name: *	
Financial Institution Address	
Street:*	
City:*	
State/Province:*	
Zip Code/Postal Code:*	
Financial Institution Telephone Number:	
Telephone Number Extension:	
Financial Institution Routing Number:*	
Type of Account at Financial Institution:*	
Provider's Account Number with Financial Institution:*	

Please review the check samples below to determine which format you are using. Do not use a deposit slip, since the back information may contain a different format than your check.

Example of a Personal Check

Your Name
123 Your Street
Your Hometown, State 12345

12-03

1026

Date

Pay to the Order of

\$

DOLLARS

YOUR CHECK

Memo

123456789 1234567890101 1026 12-3/ 456 XX 789

ABA/Routing Number Account Number Check Number

Example of a Business Check

0608

19-10/1250 3310

DATE

PAY TO THE ORDER OF

\$

DOLLARS

FOR

000608 000000 05 33330

Check Number Routing Number Account Number

Account Number Linkage to Provider Identifier:

(Must enter at least 1 number)

Provider Tax Identification Number
(TIN):*
(Required if No NPI number exists)

National Provider Information (NPI):*
(If NPI Number exists, then it is required)

Reason for Submission

(Select 1)

New Enrollment:*

Change Enrollment:*

Cancel Enrollment:*

Include With Enrollment Submission

Voided Check:

Bank Letter:

Authorized Signature

Electronic Signature of Person Submitting
Enrollment:

Written Signature of Person Submitting
Enrollment:*

Printed Name of Person Submitting
Enrollment:*

Printed Title of Person Submitting
Enrollment:

Submission Date:

Requested EFT Start/Change/Cancel
Date:

*Required field

EFT Enrollment Help Guide

The following table is taken directly from CORE Operating Rule 380 and identifies all details related to the fields contained within this document. The CORE-required Maximum EFT Enrollment Data Set mandates the use of predefined and authorized terms.

Table: 4.2-1 CORE-required Maximum EFT Enrollment Data Set					
Individual Data Element Name (Term)	Sub-element Name (Term)	Data Element Description	Data Type and Format (Not all data elements require a format specification)	Data Element Requirement for Health Plan Collection (Required/Optional for plan to collect)	Data Element Group Number (DEG)
PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)					
Provider Name		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
Doing Business As Name (DBA)		A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it	Alphanumeric	Optional	DEG1
Provider Address				Optional	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG1

	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required	DEG1
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG1
PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)					
<i>Provider Identifiers</i>				Required	DEG2
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric, 9 digits	Required	DEG2

	National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10- digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2
Other Identifier(s)				Optional	DEG2
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid		Required if Identifier is collected	DEG2
	Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor		Optional	DEG2
Provider License Number				Optional	DEG2
	License Issuer			Required if License Number is collected	DEG2

Provider Type		A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
Provider Taxonomy Code		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization	Alphanumeric, 10 characters	Optional	DEG2
PROVIDER CONTACT INFORMATION (Data Element Group 3 is an Optional DEG)					
Provider Contact Name		Name of a contact in provider office for handling EFT issues		Required	DEG3
	Title			Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG3
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG3
PROVIDER AGENT INFORMATION (Data Element Group 4 is an Optional DEG)					
Provider Agent Name		Name of provider's authorized agent	Alphanumeric	Required	DEG4
Agent Address				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4

	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG4
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required	DEG4
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG4
Provider Agent Contact Name		Name of a contact in agent office for handling EFT issues		Required	DEG4
	Title			Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4
FEDERAL AGENCY INFORMATION (Data Element Group 5 is an Optional DEG)					
Federal Agency Information		Information required by Veterans Administration		Optional	DEG5
	Federal Program Agency Name		Alphanumeric	Optional	DEG5
	Federal Program		Alphanumeric	Optional	DEG5
	Agency Identifier				
	Federal Agency Location Code		Alphanumeric	Optional	DEG5
RETAIL PHARMACY INFORMATION (Data Element Group 6 is an Optional DEG)					
Pharmacy Name		Complete name of pharmacy	Alphanumeric	Required	DEG6

	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6
	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
	<i>NCPDP Provider ID Number</i>	The NCPDP-assigned unique identification number	Alphanumeric	Optional	DEG6
	<i>Medicaid Provider Number</i>	A number issued to a provider by the U.S.		Optional	DEG6
		Department of Health and Human Services through state health and human services agencies			
FINANCIAL INSTITUTION INFORMATION (Data Element Group 7 is a Required DEG)					
	<i>Financial Institution Name</i>	Official name of the provider's financial institution		Required	DEG7
	<i>Financial Institution Address</i>			Optional	DEG7
	Street	Street address associated with receiving depository financial institution name field	Alphanumeric	Required	DEG7

	City	City associated with receiving depository financial institution address field	Alphanumeric	Required	DEG7
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG7
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required	DEG7
Financial Institution Telephone Number		A contact telephone number at the provider's bank	Numeric, 10 digits	Optional	DEG7
	Telephone Number Extension			Optional	DEG7
Financial Institution Routing Number		A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Numeric, 9 digits	Required	DEG7
Type of Account at Financial Institution		The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		Required	DEG7
Provider's Account Number with Financial Institution		Provider's account number at the financial institution to which EFT payments are to be deposited		Required	DEG7
Account Number Linkage to Provider Identifier		Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice		Required; select from one of the two below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable	DEG7

	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable	DEG7
SUBMISSION INFORMATION (Data Element Group 8 is a Required DEG)					
Reason for Submission				Required; select from below	DEG8
	New Enrollment			Optional	DEG8
	Change Enrollment			Optional	DEG8
	Cancel Enrollment			Optional	DEG8
Include with Enrollment Submission				Optional; select from below	DEG8
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional	DEG8
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional	DEG8
Authorized Signature		The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Required; select from below	DEG8
	Electronic Signature of Person Submitting Enrollment			Optional	DEG8
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional	DEG8
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8

	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8
Submission Date		The date on which the enrollment is submitted	CCYYMMDD	Optional	DEG8
Requested EFT Start/Change/Cancel Date		The date on which the requested action is to begin	CCYYMMDD	Optional	DEG8