



REQUEST FOR ELECTRONIC FUNDS TRANSFER

NOTICE: To be eligible to receive funds electronically, you must first also agree to accept 835 remittances electronically. If you have not done so already, please see the “835 Request Form” to enroll in electronic remittance for payment reconciliation.

NOTICE: Chain or PSAO providers that request EFT will be required to have all of their affiliates to fall under that EFT standard. PDMI sends physical check payments to the mailing address or physical address the Pharmacy Provider provided on the Credentialing Application, or as notified via request, or as notified via NCPDP DataQ information. Otherwise, Pharmacy Providers may submit this application for electronic funds transfer (EFT) at its convenience. All questions may be submitted via the email provided below. If necessary, please submit the completed form to PDMI via the following options:

- Email: pharmacypayables@pdmi.com
- Fax: 330-757-8487

Electronic Funds Transfer Authorization
Authorized Contact Name:

Contact Title:

Phone Number:

Email Address:

Authorization Effective Date:

Purpose of Request: New Enrollment _____ Change Current Enrollment _____
Cancel Enrollment _____

The above authorizes Pharmacy Benefit Management to transmit funds to the bank account listed on the next page via ACH on the identified pharmacy provider’s behalf. The above acknowledges that the origination of the ACH transactions to their account must comply with the provisions of U.S. law. This authority will remain in effect until PDMI receives written notice stating otherwise.



Pharmacy Provider Information

Pharmacy Provider Name:

NCPDP ID #/ NPI ID # (Independent Providers):

NCPDP Chain Code # (Chain/PSAO Providers):

Financial Information

Financial Institution Name:

Financial Institution City:

Financial Institution State:

Account Number:

Routing Number:

Account Type: CHECKING _____ SAVINGS _____

By signing below, I hereby certify that the information provided above is true and accurate.

SIGNATURE:

DATE:
