

Joint Venture Hospital Laboratories



EFT Enrollment / Update / Terminate

Version 1.3
March 2018

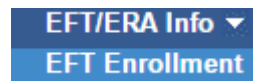
**** You must contact your financial institution to arrange for delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. ****

Access To The Website

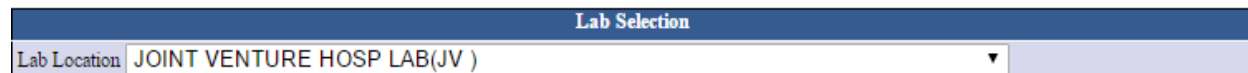
- If you do not already have a PLMWeb/JVHL account, then sign up for one at http://www.jvhl.org/Assets/Utilities/Application_Check.asp
 - During the application process select JVHL PLM Provider Portal (EFT) as your application type
 - Select all organizations that are applicable to your role
- If you have a PLMWeb/JVHL account, but are not setup for EFT Maintenance, then contact Teresa Gerke (313-271-3692 x224) requesting this ability be added to your account

Maintaining EFT Enrollment Information

- Once you have access, login to the PLMWeb website and then click on the EFT Enrollment menu option in the top menu bar.



- Select the lab location that you are interested in updating EFT enrollment for



- If an EFT Enrollment entry has not already been made, then you will click the Add button. If an EFT Enrollment entry already exists, then you will click on the Change Button.

- After you have clicked on the add/change button you will be given the opportunity to enter your information.

Selected Lab For EFT Enrollment Information	
JOINT VENTURE HOSP LAB(JV)	
Provider Information	
Provider Name	<input type="text"/>
Provider Identifiers Information	
Provider Identifiers	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	<input type="text"/>
National Provider Identifier (NPI)	<input type="text"/>
Provider Contact Information	
Provider Contact Name	<input type="text"/>
Title	<input type="text"/>
Telephone Number	<input type="text"/>
Telephone Number Extension	<input type="text"/>
Email Address	<input type="text"/>
Financial Institution Information	
Financial Institution Name	<input type="text"/>
Telephone Number	<input type="text"/>
Telephone Number Extension	<input type="text"/>
Financial Institution Routing Number	<input type="text"/>
Financial Institution Routing Number (Validation)	<input type="text"/>
Type of Account at Financial Institution	<input type="radio"/> Saving <input checked="" type="radio"/> Checking
Provider's Account Number with Financial Institution	<input type="text"/>
Provider's Account Number with Financial Institution (Validation)	<input type="text"/>
Account Number Linkage to Provider Identifier	
Provider Tax Identification Number (TIN)	<input type="text"/>
National Provider Identifier (NPI)	<input type="text"/>
Submission Information	
Reason for Submission	<input checked="" type="radio"/> New Enrollment
Authorized Signature	
Printed Name of Person Submitting Enrollment	<input type="text"/>
Printed Title of Person Submitting Enrollment	<input type="text"/>
Submission Date	04/24/2017
Requested EFT Start/Change/Cancel Date	<input type="text" value="mm/dd/yyyy"/>

** You must contact your financial institution to arrange for delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. **

I (we) hereby authorize Joint Venture Hospital Laboratories, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

- A description of the fields available are (Required Fields are bolded):
 - Provider Information
 - **Provider Name** – Name of the provider organization
 - Provider Identifiers Information
 - **Federal Tax ID** – Tax ID of the provider organization
 - **NPI** – NPI of the provider organization
 - Provider Contact Information
 - **Contact Name** – Name of the EFT contact at the provider organization
 - Title – Title of the EFT contact at the provider organization
 - **Telephone Number** – Telephone Number of the EFT contact at the provider organization
 - Telephone Extension – Telephone Extension of the EFT contact at the provider organization
 - Email Address – Email Address of the EFT contact at the provider organization
 - Financial Institution Information
 - **Name** – Name of the Financial Institution the provider organization uses
 - Telephone Number – Telephone Number of the Financial Institution
 - Telephone Extension – Telephone Extension of the Financial Institution
 - **Routing Number** – Routing number payments should be directed to (must be entered twice for accuracy check)
 - **Account Type**
 - Saving
 - Checking
 - **Account Number** – Account number payments should be directed to (must be entered twice for accuracy check)
 - **Account Number Linkage To Provider Identifier (One must be entered)**
 - TIN
 - NPI
 - Submission Information
 - **Reason For Submission**
 - New Enrollment
 - Change Enrollment
 - Cancel Enrollment
 - **Authorized Signature (At least one must be entered)**
 - Printed Name of Person Submitting
 - Printed Title of Person Submitting
 - Requested Effective Date – Date that the provider organization would like the EFT Enrollment change being submitted to become effective

- Once you have completed the form, press the Change/Add to submit the information or the Cancel button to not submit the information you entered. You will be contacted within 5-7 business days to complete the setup.

Questions

If you have any questions, please contact one of the following JVHL employees:

Teresa Gerke
313-271-3692 x224

Melissa Mallord
313-271-3692 x226

Change Summary

This section describes the differences between the current guide and previous guide(s).

Date	Version	Description
12/20/2013	1.0	New document that describes the electronic EFT enrollment process
11/5/2015	1.1	Updated contact information
4/24/2017	1.2	Updated logo and screenshots
3/26/2018	1.3	Updated logo