DESCRIPTION

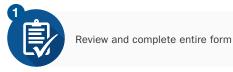


INSTAMED ORDER FORM - PAYER PAYMENTS

Get paid faster and easier with ERA/EFT.

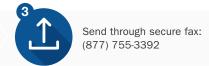


Instructions





Sign signature field(s)



Incomplete forms will not be accepted

SOLUTION DESCRIPTION

By registering for Payer Payments, you will receive payments from the payers listed at the following URL (www.instamed.com/providers/payer-list/) by electronic funds transfer (EFT) and claims information by electronic remittance advice (ERA). After you register for Payer Payments, you will no longer receive a paper check or paper explanation of payment (EOP) from the payers listed at the URL set forth in the prior sentence, which URL InstaMed may update from time to time to add or remove payers. To opt out of Payer Payments from one or more of the available payers, please contact InstaMed at (866) 945-7990 or connect@instamed.com.

CUSTOMER INFORMATION

Primary Contact		Billing Address		
Name (First/Last)		Customer Legal Name		
Title		Customer DBA Name (if	different)	
Phone		Street Line 1		
Email		Street Line 2		
		City	State	Zip
Number of Providers	Tax ID	Patient Accounting Syst	em	Version
Remittance Delivery				
You will automatically receive EF your clearinghouse below. For a				•
Clearinghouse:	Cł	heck this box to receive ERAs	via SFTP (Secure Fil	le Transfer Protocol)
NPIs				
Please give your Billing Provider N use Service Provider NPI(s) for cla have ALL of their remittances and	ims billing, you do not need to lis	st them. In order to avoid misdi	irected payments, onl	y list NPI(s) that should
Billing Provider NPI:		Billing Provider NPI:		
Billing Provider NPI:		Billing Provider NPI:		

Internal Initials:



INSTAMED ORDER FORM - PAYER PAYMENTS

BANK ACCOUNT INFORMATION				
Bank account in	formation is required for payer payment deposits. A voided check or ba	ank letter is required.		
Bank Name	Routing Number	Account Number		
	JOHN SMITH	1234		
	1234 MAIN ST PHILADELPHIA, PA 19103	HERE DATE		
	PAY TO THE ORDER OF PAYTO THE ORDER OF ATTACH VOIDED CHECK!	DOLLARS I Security District Plants of Security Plan		
	ATTACH VO.	— bock automotive to the control of		
	Routing Number Account Number 1:0001234491 143902040 1 1234	To the state of th		

AGREED AND ACCEPTED

By signing below, you agree to the term	ns of this Order Form and you confirm th	that the other information that you have provided in the Order Form is true and
correct. You also agree to the Terms ar	nd Conditions set forth at www.instamed	ned.com/im-online/InstaMed_Terms_and_Conditions.pdf or separately agreed to in writing
by you and InstaMed, which are integral to), and form a part of, this Order Form. The	e parties consent and agree that this Order Form may be electronically signed. The parties
agree the electronic signatures appearing	on this Order Form are the same as hand-	nd-written signatures for purposes of validity, enforceability and admissibility.
Customer Legal Name		
Tax ID (same as page 1)		
Tax TD (Same as page 1)		
Signature	Date	
Print Name		
Print Name		
Title		
TILLE		

Interna	Initials:	
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