

Provider Incentive Payment Notification

As part of the NexUS Program, your Provider Incentive Payment can be paid electronically to be directly deposited into a bank account via Electronic Funds Transfer (EFT) or by check.

Reports and remittance information can also be directed to specific contacts within your organization, per the contact information indicated on this form.

Please Complete All Sections

SECTION 1: GROUP INFORMATION

Group Name	
Tax ID Number	NPI Number

SECTION 2: CONTACT INFORMATION

Contact Information	
Name & Title	Contact type (check all that apply): <input type="checkbox"/> Contracting <input type="checkbox"/> Credentialing <input type="checkbox"/> NexUS Reports <input type="checkbox"/> NexUS Incentive Payments
Phone	
Fax	
Email	
Contact Information	
Name & Title	Contact type (check all that apply): <input type="checkbox"/> Contracting <input type="checkbox"/> Credentialing <input type="checkbox"/> NexUS Reports <input type="checkbox"/> NexUS Incentive Payments
Phone	
Fax	
Email	
Contact Information	
Name & Title	Contact type (check all that apply): <input type="checkbox"/> Contracting <input type="checkbox"/> Credentialing <input type="checkbox"/> NexUS Reports <input type="checkbox"/> NexUS Incentive Payments
Phone	
Fax	
Email	
Contact Information	
Name & Title	Contact type (check all that apply): <input type="checkbox"/> Contracting <input type="checkbox"/> Credentialing <input type="checkbox"/> NexUS Reports <input type="checkbox"/> NexUS Incentive Payments
Phone	
Fax	
Email	

SECTION 3: PAYMENT INFORMATION

Please select the appropriate box and complete the applicable fields based on your selection.
This applies to each provider group as a whole and is not for each provider within a group.

- CHECK BY MAIL (complete Section 3A)
- CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH CREDITS) (complete Section 3B)
Direct Payment via ACH is the transfer of funds to a consumer account for the purpose of making a payment.

SECTION 3A: CHECK BY MAIL		
Pay to Name		
Street Address		
City	State	Zip Code

SECTION 3B: CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)
<p>_____ (PROVIDER) authorizes PROVIDRS CARE to electronically credit PROVIDER’S account as follows (select one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <p>at the depository financial institution named below (“DEPOSITORY”). PROVIDER agrees that ACH transactions PROVIDER authorizes comply with all applicable law.</p> <p>Depository Name _____</p> <p>Routing Number _____</p> <p>Account Number _____</p> <p>PROVIDER understands that this authorization will remain in full force and effect until PROVIDER notifies ProviDRs Care in writing by mail to 238 N. Waco, Wichita, KS that PROVIDER wishes to revoke this authorization. PROVIDER understands that ProviDRs Care requires at least 30 days prior notice in order to cancel this authorization.</p>

Name(s) _____
(Please Print)

Signature(s) _____ Date _____

Provider Group Name _____