



## AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) PUERTO RICO EHR INCENTIVE PAYMENTS

Please complete the sections below and attach a voided check or an official letter from the bank for verification purpose.

**Please note that this form is an enrollment requirement.**

**Type of Authorization:**  Initial Application    Modification to Initial Application

**Type of Application:**  Individual    Hospital    Group Member

Provider Name:	
Provider e-mail Address:	
Provider NPI Number:	Provider Tax ID Number (SS#):
Provider Mailing Address:	City:

**Please complete this section ONLY if the Payee is other than the Individual Provider**

Payee Name:	
Payee NPI Number ( <u>must</u> be the same of the NLR):	Payee Tax ID Number ( <u>must</u> be the same of the NLR):
Payee Mailing Address:	City:

### FINANCIAL INSTITUTION INFORMATION

**Type of Account:**  CHECKING       SAVINGS

Bank Routing Number:	
Bank Account Number:	
Account Holder Name:	
Financial Institution Name:	Branch:

I authorize ASES to make an electronic payment to the account in the above specified financial institution. This authorization will remain in effect until cancelled or amended in a written notification. ASES, as administrator of the incentive payments, has the right to adjust future payments to the provider's account if payments previously made are found to be duplicated, in excess of requirements, fraudulent or in error. In order to receive your payments, you **MUST** sign, date and upload this form. **The signature on this form must match the signature on your attestation agreement.**

**I hereby certify that the information above is true and correct**

Provider Signature:	Date: ( MM \ DD \ YYYY )
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**Note: Applicants for hospitals must be signed by an officer or authorized representative of the entity.**

For more information, visit the Puerto Rico State Level Registry (SLR) webpage at <http://pr.ara incentive.com>, call 787-474-3300 or send your inquiries to [hitpip\\_helpdesk@asespr.org](mailto:hitpip_helpdesk@asespr.org).