

PAYMENT INFORMATION FORM

As Government vendors, organizations with Medicare contracts are paid by the Department of Treasury through an Electronic Funds Transfer (EFT) program. Government vendor payments are directly deposited into corporate accounts at financial institutions on the expected payment date. Additionally, CMS must have the EIN/TIN and associated name as registered with the IRS.

Please provide the following information to assist the Centers for Medicare and Medicaid Services in establishing payment arrangements for your organization.

ORGANIZATION INFORMATION

NAME OF ORGANIZATION: _____
DBA, if any: _____

ADDRESS: _____
CITY: _____ STATE: ____ ZIP CODE: _____

CONTACT PERSON NAME: _____
TELEPHONE NUMBER: _____

CONTRACT NO's.: H _____; H _____; H _____; H _____
(If known)

TIN/EIN NAME of business for tax purposes (as registered with the IRS: a W-9 may be required)

EMPLOYER/TAX IDENTIFICATION NUMBER (EIN or TIN): _____

Mailing address for 1099 tax form:

STR1: _____
STR2: _____
CITY: _____
STATE: ____ ZIP: _____ - ____

FINANCIAL INSTITUTION

NAME OF BANK: _____
ADDRESS: _____
CITY: _____ STATE: ____ ZIP CODE: _____ - ____

ACH/EFT COORDINATOR NAME: _____
TELEPHONE NUMBER: _____

NINE DIGIT ROUTING TRANSIT (ABA) NUMBER: _____

DEPOSITOR ACCOUNT TITLE: _____

DEPOSITOR ACCOUNT NUMBER: _____

CIRCLE ACCOUNT TYPE: CHECKING SAVINGS (Please attach a copy of a voided check)

SIGNATURE & TITLE OF ORGANIZATION'S AUTHORIZED REPRESENTATIVE:

Signature Title DATE: _____

Print Name

Phone Number