

Provider Bulletin

Attention:	Participating Providers		
Subject:	CCP Electronic Funds Transfer (EFT) Request Form		
Program:	District Cares (Option 1)	Bulletin Date:	April 26, 2019
Bulletin Number:	19-005	Effective Date:	April 26, 2019

Purpose:

This bulletin serves to notify participating providers of the Electronic Funds Transfer (EFT) Request Form available through CCP, the Third Party Administrator (TPA) for the District Cares Program.

Notice:

Electronic Funds Transfer (EFT) payments are available for participating providers submitting claims for services rendered to District Cares members.

Please submit the completed EFT Request Form to eftforms@ccpcares.org and allow an estimated forty-five (45) days for processing.

For any questions regarding the status of a submitted EFT Request Form, please email your inquiry to eftforms@ccpcares.org.

Questions:

Please contact the Provider Services Department at (866) 930-1002.

Please insert the bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures in the handbook.



Electronic Funds Transfer Request Form

Payee (Vendor) Information

*Name: _____ *Tax ID/SSN #: _____

*Address: _____

** Required Field*

*City/ST/
Zip: _____

*Contact: _____ *Phone: () _____

*E-mail: _____ Fax: () _____

Financial Institution Information

(All submissions must include this form, filled out in its entirety, AND a voided check in order to be processed. Estimated turnaround time for completed submissions is 45 calendar days. Please submit via email to: EFTforms@ccpcare.org)

**** Please notify the Finance Department via the above email if this information changes ****

*Bank Name: _____

*Bank Address: _____

*City/ST/Zip: _____

ABA/ROUTING NUMBER

ACCOUNT NUMBER

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***Company Authorization for EFT/Wire Transfer**

Authorized Signature

Printed Name

Title

Date

Internal Use Only

Verified by Finance: _____ Date: _____

Initiated by: _____ Date: _____

Vendor updated by: _____ Date: _____