

Nevada Medicaid and Nevada Check Up

**Electronic Funds Transfer (EFT) Program**

Effective April 1, 2008, Nevada Medicaid and Nevada Check Up providers who receive payment via paper check must register to receive payment via Electronic Funds Transfer (EFT).

To complete this update to your enrollment, complete the Electronic Funds Transfer Agreement (form FA-32 on the next page). You must complete one agreement for each National Provider Identifier (NPI) or Atypical Provider Identifier (API) that you would like to enroll. All payments for a single NPI or API must be transferred to the same bank account.

An original signature is required on your agreement; faxed agreements cannot be processed. Mail the completed agreement with your voided check or bank letter to Nevada Medicaid at:

Nevada Medicaid  
Provider Enrollment  
P.O. Box 30042  
Reno, NV 89520-3042

Upon receipt of your agreement, there is a test period of approximately four weeks in which your banking institution and Nevada Medicaid test transfers and resolve any detected errors. During this test period, you will continue to receive a paper check.

After testing is complete, your payment will be deposited into your bank account each Tuesday. Nevada Medicaid tracks and monitors all EFTs to detect and resolve problems that may arise.

Please note that it may take time for your bank to process your electronic transfer. Contact your bank directly if you have questions about their EFT processing timeframe.

If Nevada Medicaid detects errors or overpayments, we will notify you regarding the details of the error. No debit entry will be made to your account without your prior knowledge.

If you have questions about completing the Electronic Funds Transfer Agreement (FA-32), contact the Provider Enrollment Unit. If you have questions regarding your payment or the EFT program in general, contact the Customer Service Center. Both Nevada Medicaid departments may be contacted by phone at (877) 638-3472.

Nevada Medicaid and Nevada Check Up  
**Electronic Funds Transfer Agreement**

I hereby authorize Nevada Medicaid (Nevada Medicaid refers to the fiscal agent for Nevada Medicaid, DXC Technology) and its subsidiaries to transfer my Nevada Medicaid and Nevada Check Up payments to the personal or business bank account shown below.

I also authorize any necessary debit entries to correct payment errors.

I understand the payments made through electronic funds transfers will be from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws.

This agreement will remain in effect until I notify Nevada Medicaid or the banking institution otherwise. I understand that Nevada Medicaid and/or my banking institution may also cancel this agreement at any time. All such cancellation notices must be made in writing and acted upon in a reasonable and timely manner.

Provider or facility name: \_\_\_\_\_

Provider or group identifier (NPI or API): \_\_\_\_\_

Tax ID number or Social Security Number: \_\_\_\_\_

Business or personal bank account number: \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_  
(use dark blue or black ink only)

**TAPE ORIGINAL, VOIDED CHECK HERE –  
OR ATTACH A LETTER FROM YOUR BANK THAT CONTAINS YOUR BANK’S ROUTING  
NUMBER. PHOTOCOPIED CHECKS AND BANK DEPOSIT SLIPS ARE NOT ACCEPTED.**