

## INSTRUCTIONS FOR COMPLETING THE PAYMENT INFORMATION FORM

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### PART I: ACCOUNT HOLDER INFORMATION

- Enter the name of the payee / vendor legal business name, **as reported to the Internal Revenue Service (IRS)**.
- Enter the **Doing Business As (DBA)** name if different from the legal business name.
- Enter the account holder's street address. (1099 tax form mailing address)
- Enter the account holder's city, state, and zip code.
- Enter the tax identification number as reported to the IRS.
- Enter the five-character contract number used to identify the health plan organization (ex. H1234). Enter only one contract per payment information form.
- Enter the contract's contact name and telephone number. This will be used if there are any questions regarding the information entered on this form.

### PART II: FINANCIAL INSTITUTION INFORMATION

- Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Enter the financial institution's street address.
- Enter the financial institution's city, state, and zip code.
- Enter the financial institution's nine-digit routing number.
- Enter your financial institution's deposit account number including all zeros and select the type of account (checking or savings).

### PART III: SIGNATURE & TITLE OF CONTRACT'S AUTHORIZED REPRESENTATIVE

- Enter the name of the contract's authorized representative (Print).
- Enter the title of the contract's authorized representative.
- Enter the telephone number of the contract's authorized representative.
- Enter the digital signature of the contract's authorized representative by selecting the signature box. Follow the prompt to sign electronically or configure new digital ID.

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## 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.

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### PART I: ACCOUNT HOLDER INFORMATION

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Name of Payee / Vendor Legal Business Name (as registered with the IRS: a W-9 may be required)

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Doing Business As (DBA)

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Street Address (1099 tax form mailing address)

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City	State	Zip Code
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Employer/Tax Identification Number (EIN or TIN)

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Contract Number	Contact Name	Contact Telephone Number
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### PART II: FINANCIAL INSTITUTION INFORMATION

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Financial Institution's Name

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Street Address

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City	State	Zip Code
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Routing Number (must be 9 digits)

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Deposit Account Number (include all zeroes)	Type of Account (check one)
	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

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### PART III: SIGNATURE & TITLE OF CONTRACT'S AUTHORIZED REPRESENTATIVE

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Name (Print)	Title	Telephone Number
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Signature

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