EFT

Electronic Funds Transfer Authorization Form

Elixir is happy to provide our participating pharmacies with the opportunity to receive payment electronically via ACH for the prescriptions they dispense.

Please use the **Fill & Sign option** in Adobe to fill out the enclosed Authorization Form completely and return it to us by **e-mail**:
pharmacypayables@elixirsolutions.com

Please do not FAX or MAIL the forms.

Provider Name ______________________________

Provider Address

Street ______________________________

City ____________ State/ Province ____________ ZIP Code/ Postal Code ________

Provider Contact Name ______________________________

Telephone Number ______________________________

Email Address ______________________________

Pharmacy or DBA Name ______________________________

NCPDP/Provider ID Number ____________________

Payment Center ID (if applicable) ____________________

National Provider Identifier (NPI) ____________________

Banking Details

Bank Name ______________________________ State __________

Bank Account Number ______________________________

Bank Routing Number ______________________________

Reason for Submission	select one
New Enrollment	
Change Enrollment	
Cancel Enrollment	

Include with Submission	include one
Voided Check	
Bank Letter	

Authorized Signature ______________________________

Submission Date ______________________________

By signing this form, you allow Elixir to transmit funds to the above bank account via ACH for the pharmacy identified herein.

NOTE: To initiate electronic funds, transfer you must also be signed up to receive an 835 electronic remittance advice. Please contact **pharmacypayables@elixirsolutions.com** if you need more information.

ERA
Electronic Remittance Advice Authorization Form

Elixir is happy to provide our participating pharmacies with the opportunity to receive remittance details electronically in HIPPA 835 format.

Please use the **Fill & Sign option** in Adobe to fill out the enclosed Authorization Form completely and return it to us by **e-mail**:
pharmacypayables@elixirsolutions.com

Please do not FAX or MAIL the forms.

Provider Name ____________________

Provider Address

Street ____________________

City __________ State/Province __________ ZIP Code/Postal Code __________

Provider Contact Name ____________________

Telephone Number ____________________

Email Address ____________________

Pharmacy or DBA Name ____________________

NCPDP/Provider ID Number ____________________

Payment Center ID (if applicable) ____________________

National Provider Identifier (NPI) ____________________

Method of Retrieval

If you use a third-party vendor to receive and reconcile your claims enter their name here.
The provider will be given access to an assigned folder on our secure FTP website.
For Example: Net Rx, Prism/Inmar, Freedom (FDS)
OR
If you wish to reconcile the claims yourself enter Self Reconciliation or PGP Key in this space,
please supply your **PUBLIC** PGP ENCRYPTION KEY (.asc file), a voided check or bank letter, and the required forms (four pages) all together to **pharmacypayables@elixirsolutions.com**

Reconciliation Company Name
or Self Reconciliation ______________________________

Contact Name ______________________________

Telephone Number ______________________________

Email Address ______________________________

Reason for Submission select one

New Enrollment	☐
Change Enrollment	☐
Cancel Enrollment	☐

Authorized Signature ______________________________

Submission Date ______________________________

By signing this form, you are requesting that Elixir provide you with an electronic remittance advice (HIPPA 835 format) instead of a paper remittance advice.

You are also acknowledging that you have proper computer capabilities to access/download this electronic remittance advice from our secure ftp website.

Elixir also uses PGP encryption as a secondary step in protecting PHI. You will need to supply us with your PGP Public Key during the set-up process.

NOTE: To initiate this process, you must also be signed up to receive payments via Electronic Funds Transfer. Please contact us at **pharmacypayables@elixirsolutions.com** if you need more information.