Available Online
online.instamed.com
Configure > Account Info

ACCOUNT INFORMATION

Use this form to add and/or delete remittance delivery and/or claim submission method. Please complete the information below.

- For a list of supported clearinghouses for remittance delivery, visit: www.instamed.com/eraclearinghouses.
- For a list of supported clearinghouses for claim submission, visit: info.instamed.com/eraeft-claims.

_____   _____   _____
Customer Name   Tax ID   Contact Name

REMITTANCE AND CLAIM CONNECTIVITY

Clearinghouse

☐ Add a clearinghouse (*list clearinghouse name*):   _____

    ☐ Remittance delivery

    ☐ Claim submission

☐ Remove a clearinghouse (*list clearinghouse name*):   _____

    ☐ Remittance delivery

    ☐ Claim submission

Secure File Transfer Protocol (SFTP)

☐ Add SFTP connection

    ☐ Remittance delivery

    ☐ Claim submission

☐ Remove SFTP connection

    ☐ Remittance delivery

    ☐ Claim submission

AUTHORIZATION SIGNATURE

This Change Form shall become effective upon signing by Customer and successful processing by InstaMed. The individual signing this Change Form confirms that he/she is authorized to sign and deliver this Change Form on behalf of Customer, that the signatory is an employee of Customer and that the information provided in this Change Form is true, correct and complete.

_____   _____
Signature   Print Name

_____   _____
Date   Title

Please return completed forms to InstaMed via fax at (866)-682-1110. If you have any questions, please call InstaMed Customer Service at (866)-INSTAMED or email support@instamed.com.

Internal Use Only

_____   _____   _____
Case Number   Account Number   Sent By