



Electronic Payments and Statements

Organization Information

NAART
 XIWHF
 DENVER, CO 80202
 Enrollment Date: 03/18/2019
 Payment Preference : VCP Only

TIN: *****4680
 NPI:
 Provider Type: Hospital/Facility
 Other

Identify Administrators

LSPCF DANSA
 531-531-1354
 ddd1552908904885@abc.com

Authorization

The undersigned hereby certifies that the information provided herein is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate corporate action, where applicable, to execute this agreement on behalf of the above mentioned Organization Name to form a legally binding contract and understands that acceptance of this agreement constitutes an agreement to be bound to perform in strict conformity with the terms and conditions of this agreement.

☒ I accept these Terms and Conditions

Authorized Signature

FVOLD ONRPG
 AAUAW

A copy of your W9 was uploaded with your Enrollment submission

Authorized Enroller's Information

FVOLD ONRPG AAUAW
 137-137-6982
 ddd1552908917404@abc.com

Payer Information

Upon successful submission of your enrollment information, you will be eligible to receive electronic payments from the Payers indicated below. In the future, any time you view your enrollment record, you will be able to see a current list detailing our expanding Electronic Payments and Statements payer network.

Payer Name	Payment Method	Effective Date*	Payer Name	Payment Method	Effective Date*	Payer Name	Payment Method	Effective Date*
AARP Supplemental Health Plans insured by UnitedHealthcare	N/A	11/23/2008	Managed Physical Network Inc	VCP	12/07/2013	TRICARE WEST	N/A	03/23/2013
AIG Claims Inc	N/A	10/29/2016	McLaren Health Plan	N/A	02/19/2019	UHC Community Plan Michigan	VCP	03/28/2015
Allied National	N/A	03/19/2016	MDwise	VCP	12/13/2018	UHC Community Plan New Jersey	VCP	03/28/2015
CMT10	VCP	02/25/2019	Medica	VCP	01/18/2007	UHC Community Plan of AZ	VCP	03/28/2015
Dental Benefit Providers	VCP	11/23/2008	Medica Health Plans Inc	VCP	08/23/2014	UHC Community Plan of DE	VCP	03/28/2015
ECHO	VCP	04/06/2009	National Health Insurance Company	N/A	05/30/2018	OBH		
Equitable Life and Casualty Ins Co	N/A	01/10/2015	Nationwide	N/A	09/23/2017	UHC Community Plan of NY	VCP	03/28/2015
Equitable National Life	N/A	03/17/2018	OHCS CO URN IPA of New York Inc	VCP	12/07/2013	UHC Community Plan of the Midlands	VCP	03/28/2015
Erie Insurance Group	N/A	07/13/2013	Optum PAF Program	N/A	08/23/2014	UHC Community Plan of TX	VCP	03/28/2015
GCU	N/A	02/13/2016	Oxford Health Plans	N/A	03/28/2015	LLC		
Golden Rule	VCP	12/18/2010	PacifiCare PLHIC	VCP	08/16/2008	UHC of the Midwest Inc	VCP	04/22/2017
Harvard Pilgrim	VCP	04/09/2007	Patient Payment	VCP	09/28/2018	UHC of the Midwest Inc	VCP	03/28/2015
Heartland	N/A	01/10/2015	Pinnacol Assurance	VCP	12/05/2009	Kansas		
IAC	VCP	01/10/2015	Preferred Care Partners Inc	VCP	12/09/2016	UHC of Wisconsin Inc	VCP	03/28/2015
JP Farley Corporation	N/A	03/19/2016	Sedgwick CMS	N/A	03/13/2010	UHS Co of the River Valley	VCP	03/28/2015
LCBA	N/A	01/10/2015	Spectera EyeCare Networks	N/A	10/22/2011	UMR	N/A	06/20/2009
						UnitedHealthcare	VCP	01/05/2007
						UnitedHealthcare Life Insurance Company	VCP	04/30/2011

Effective Date : This is the date that the Payer was added to the system*

+ Please be aware that not all Payers will submit a full 835 file to EPS. As a result, EPS will only display payment related data for these Payers.

EPS EFT Provider Authorization Terms and Conditions Agreement

The following terms and conditions, as amended from time to time ("Agreement") apply to all use of OptumHealth Financial Services, Inc.'s Electronic Payments and Statements solution, and the use of any service provided in connection therewith (collectively the "EPS Services"). In this Agreement, the words "you" and "your" means the organization, entity or entities, and individuals identified on the Electronic Payments and Statements Enrollment Form ("Enrollment Form") you submitted to us or that you subsequently identify as a primary or other user and the words "we," "our," "us" refers to OptumHealth Financial Services, Inc., its affiliates, designees and other service providers (collectively, "Optum"). Your enrollment in and use of the EPS Services constitutes your agreement to be legally bound by this Agreement.

ACH Payments. This Agreement is subject to Article 4A of the Uniform Commercial Code ("UCC"). By agreeing to this Agreement, if you have provided us your Account (as defined below) information, you authorize us, acting directly or indirectly on behalf of or through, any third party administrator, health care coalition, health plan carrier, or other third party carrier or payer (each a "Third Party Payer"), or any individual consumer or other person (an "Individual Payer" and collectively "Payers"), to credit or debit the account(s) listed on your Enrollment Form (the "Account" or "Accounts") in connection with processing transactions between you and any Payer(s). We may rely upon Account information and identifying numbers provided by you on the Enrollment Form to receive payment. We may rely on the routing and account numbers you provided even if they identify a financial institution, person or account other than the one named on the Enrollment Form. You agree to comply with all applicable laws, rules and guidelines related to electronic funds transfers, including without limitation, Article 4A of the UCC and the operating rules and regulations of the National Automated Clearinghouse Association. These rules provide, among other things, that payments made to you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the UCC. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your Account and the Payer that originated or instructed such payment will not be considered to have paid the amount so credited. We are not required to give you any notice of debits or credits to your Accounts. We may make adjustments to your Accounts whenever a correction or change is required. For example, if we make an error with respect to your Account, you agree that we may correct such error immediately and without notice to you. Such errors may include, but are not limited to, reversing an improper credit to your Account, making adjustments for returned items, and correcting calculation and input errors. Our right to make adjustments shall include the right to offset amounts you owe us or a Payer against future amounts payable to you and shall not be subject to any limitations or time constraints, except as required by law.

Bank Accounts. You represent and warrant that (a) you are the owner of each of the Accounts and (b) none of the Accounts is or will be used primarily for personal, family or household purposes.

Disclosures of Account Information to Others. We may disclose information to third parties about you and your Account(s) and transactions as follows: (i) pursuant to agreements with third parties that assist us in the provision of EPS Services; (ii) to verify the existence and condition of an Account; and (iii) as otherwise necessary for us to provide services or facilitate payments to you.

Virtual Payment Card; Processing Fees. If you have elected to receive payments by prepaid virtual payment ("Virtual Card"), you agree: (i) that such election constitutes your consent for any Payers, including but not limited to, Third Party Payers and Individual Payers, to make payments to you by Virtual Card; (ii) that mailing of the Virtual Card constitutes payment for purposes of a Payer's compliance with applicable law; (iii) to only process Virtual Card payments using your systems; and (iv) that use of the Virtual Card is subject to and you will comply with the Virtual Card terms and conditions that accompany the Virtual Card. You acknowledge that that by processing a Virtual Card payment, you are subject to the terms and conditions governing card processing between you and your card service processor and that you are responsible for any charges and related third party fees, including interchange, merchant discount, or other card processing fees that may be imposed as a result of processing a Virtual Card payment through a card processor.

Security. To access certain online services, you have been assigned a unique user name that is for your use only. Your user name and the password you create are designed to protect you by confirming your identity to the computer network systems (the "Portal"). To prevent unauthorized access to your Portal profile and Account information, it is very important to keep your user name, password and any answers to security questions confidential. You are solely responsible for maintaining the confidentiality of the user names, passwords and security question answers used by you and any users within your organization. If you permit other persons to use your user name, password, or security question answers, you are responsible for any transactions or changes they authorize from, or that relate to, the Portal, your Account(s), or the EPS Services. We are not liable for any harm associated with theft or unauthorized use of user names, passwords or security question answers used by you or your organization. You shall immediately notify us of any unauthorized use of your user name, password, security question answers, or Account(s). You shall notify us immediately in writing if any designated contact is no longer authorized to transact business or make changes on behalf of you or your organization. You agree that: (i) we may process all instructions related to EPS Services that are or appear to be submitted by your designated contacts and that such instructions are effective even if not authorized by you; (ii) you will maintain appropriate accounting and auditing procedures to protect your Account(s) from misuse; and (iii) you will promptly review all electronic statements, notices and transaction information made available to you and you shall report all unauthorized transactions and errors to us immediately.

Payer Payment Disenrollment. If you have elected to receive payments by both ACH and by Virtual Card, the default payment method will be ACH, unless you change your preferences using the Portal. At any time, you may disenroll from receiving electronic payments: (i) from a specific Third Party Payer; or (ii) from all Individual Payers by providing us with written notice that includes information reasonably requested by us. Upon request, we will provide you with access to a form detailing the information we need from you to process your disenrollment. Disenrollment and changes to your payment method preferences will be effective thirty (30) days after receipt by us of such notice or request.

Ownership. Except as provided in this Agreement, we own or license all rights, title and interests in the EPS Services and any information arising from or in connection therewith. You hereby acknowledge that you shall not acquire any ownership rights in the EPS Services by virtue of this Agreement.

Warranties. WE HEREBY DISCLAIM ALL WARRANTIES WITH RESPECT TO THE SERVICES PROVIDED HEREUNDER, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR USE FOR A PARTICULAR PURPOSE.

Indemnification. You agree to indemnify, defend and hold us harmless from and against any and all losses, liabilities, costs, damages and expenses, including litigation expenses and reasonable attorneys' fees arising from or incurred as the result of: (a) your breach of this Agreement; (b) your unauthorized or unlawful use of the EPS Services; (c) the unauthorized or unlawful use of the EPS Services by any other person using your user name(s), including a person you designated; (d) any inaccurate or incomplete data you provide or fail to provide to us; (e) your failure to timely update information; or (f) the negligence or willful misconduct of you, your directors, officers, employees, designees, agents and affiliates. You shall bear all risk of loss of records, data and materials during transit from you to us or to our agents or sub-contractors.

Limitation of Liability. Under no circumstances shall our financial responsibility for any act or failure to act by us under this Agreement exceed the fees or charges paid by you to us (excluding the portion of fees constituting pass through fees) for the transaction or activity that is or was the subject of the alleged failure of performance. In no event shall we, our parent, affiliates, subsidiaries, directors, officers, employees, agents or representatives be liable for special incidental or consequential damages or claims by you or any third party relative to the EPS Services provided hereunder. We do not guarantee the payment or timing of payments. Payment is the responsibility of the particular Payer. We will not be liable if circumstances beyond our control prevent a payment, despite reasonable precautions we have taken. Such circumstances include but are not limited to, delays or losses of payments caused by telecommunications outages, actions of third parties and equipment failures. You agree that the foregoing limitation of liability is an agreed upon allocation of risk between you and us and reflects the fees, if any, we charge you to use the EPS Services. You acknowledge that absent your agreement to this limitation of liability, we would not provide the EPS Services to you.

Electronic Communications; Notice. You hereby consent to receive all communications, including statements and notifications related to payment electronically through the Portal. Any written notice required or permitted to be given to you pursuant to this Agreement may be provided to you at the email address provided by you to us during the enrollment process. Any notice required or permitted to be given to us pursuant hereto shall be provided in writing to the following address: OptumHealth Financial Services, Inc., P.O. Box 30777, Salt Lake City, UT 84130-0777. Written notices sent by mail shall be delivered by registered or certified mail, return receipt requested, postage prepaid and shall be deemed effective seventy-two (72) hours after the same is postmarked. Notice sent by any other method shall be effective only upon actual receipt.

Amendments. We may add, remove, change or otherwise modify any term of this Agreement at any time by providing you with notice. EPS Services will be governed by the Agreement as amended. You agree that amendments may be provided in electronic form and will be sent to your primary user's email address. We may also modify, terminate or discontinue some or all of the EPS Services at any time and will provide notice of such changes only as required by applicable law.

Entire Agreement. This Agreement and the Enrollment Form which is incorporated herein as a part of this Agreement, constitutes the only and entire agreement between the parties hereto relating to the subject matter hereof and all prior negotiations, agreements and understandings relating to the subject matter hereof, whether oral or written, are superseded or canceled hereby.

Governing Law and Venue. The laws of the State of Minnesota shall govern this Agreement and all disputes arising hereunder. You agree that jurisdiction and venue are proper in the State of Minnesota for the resolution of any dispute arising under this Agreement.

Arbitration. (i) As permitted by applicable law, any claim or controversy that is not resolved informally by the us shall, at the request of a party, be resolved by binding arbitration in accordance with the applicable commercial arbitration rules of the American Arbitration Association, except to the extent modified by the Enrollment Form and this Agreement. In no event may arbitration be initiated more than one year following the date the dispute arose. Any arbitration proceeding under this Agreement shall be conducted in Minneapolis, Minnesota. The arbitrator may construe or interpret, but shall not vary or ignore the terms of the Enrollment Form and this Agreement, and shall have no authority to award extra contractual damages of any kind, including punitive or exemplary damages, and shall be bound by controlling law. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The parties acknowledge that because the Enrollment Form and this Agreement affects interstate commerce, the Federal Arbitration Act applies.

(ii) No dispute resolution proceeding between you and Optum shall be permitted to be conducted in a class, representative, or private attorney general action, nor may any such proceeding be consolidated with any other dispute. Optum and you agree that any claims related to the validity of this class waiver shall only be resolved by a court of competent jurisdiction located in Minneapolis, Minnesota.

Severability. If any provision of this document is found to be unenforceable according to its terms, all remaining provisions will continue in full force and effect.

Miscellaneous. The relationship between both parties under this Agreement is that of independent contractor. Nothing herein contained shall be construed as constituting a partnership, joint venture or agency between the parties hereto. You shall not assign this Agreement, directly or by operation of law, without our prior written consent. Any attempted assignment without such consent shall be void. No waiver or failure to exercise any option, right, or privilege under this Agreement shall be construed to be a waiver of the same or any other option, right or privilege on any other occasion. You agree to cooperate fully with us in furnishing any information, documentation or performing any action requested by us. You shall furnish us, upon forty-eight (48) hours' notice, with true, accurate and complete copies of such records, documentation or any other information we or our authorized employees, representatives, agents and any regulatory agencies may request; provided, however, that you shall not be required to divulge any records to the extent prohibited by applicable law.