

Health Services
Office of Medical Assistance Programs

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OMAP Health Financing Operations Section

Number: OMAP-IM-06-119
Issue Date: 08/07/06

Authorized Signature

Topic: Medical Benefits

Subject: RA stuffer: Electronic Funds Transfer (EFT) Reminder

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): OMAP + Plans |

Message: The following announcement will be enclosed with provider Remittance Advices at least twice this month, reminding them about direct deposit options.

If you have any questions about this information, contact:

Contact(s):	Provider Services	
Phone:	1-800-336-6016	
E-mail:	OMAP.prov-callcenter@state.or.us	



Electronic Funds Transfer (EFT)

Do you want your Oregon Health Plan reimbursements faster?

OMAP offers payments by direct deposit (Electronic Funds Transfer or EFT).

It's easy to sign up. Complete a form (OMAP 3077) and return it along with a cancelled check and an original authorization signature.

Depending on how often you submit claims, you may receive your first EFT reimbursement within a couple weeks.

The authorization form (OMAP 3077) is available:

- Online at <<http://dhsforms.hr.state.or.us/Forms/Served/OE3077.pdf>>

Or—

- Call 1-800-422-5047 (Option 2) and ask the ACH Coordinator to send one.

Return completed form by CERTIFIED MAIL to:

OMAP Health Financing Operations
ATTN: ACH Coordinator - CONFIDENTIAL
500 Summer St NE, E44
Salem, OR 97301-1078

