



# Dental Non-enrollment in Electronic Payment Acknowledgement Form

## Sign form to continue submitting claims electronically

If you submit your claims electronically, the state of Ohio requires you to get paid electronically or notify us that you want to continue receiving a paper check. You must sign this form if you want to continue to submit claims electronically but do not wish to be paid electronically by enrolling in Electronic Funds Transfer (EFT).

In accordance with the changes in the state of Ohio regulation governing electronic payment by third party payers, the revision to R.C. §3901.381<sup>1</sup> became effective **October 16, 2010**. Please read more about the law below.

By signing below, I understand and acknowledge that this office hereby chooses not to enroll in Electronic Funds Transfer (EFT). We wish to continue to submit claims electronically.

Practice Name	Tax ID # (TIN)	PBG Number (if applicable)
Primary Address		
City	State	ZIP Code
Contact Name	E-mail Address	
Telephone Number (    )	Fax Number (    )	

Authorized health care professional name	
Signature	Date

**Please fax the completed form to: 1-859-455-8650**

<sup>1</sup> (F) A third party payer shall transmit electronically any payment with respect to claims that the third party payer receives electronically and pays to a contracted provider under this section and under sections 3901.383, 3901.384, and 3901.386 of the Revised Code. A provider shall not refuse to accept a payment made under this section or sections 3901.383, 3901.384, and 3901.386 of the Revised Code on the basis that the payment was transmitted electronically.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shíká a'doowoł nínizingo Diné k'ehjí naaltsoos bee atah nílįigo nanitinígíí béesh bee hane'é bikáá' áajį' t'áá jíik'e hólne'. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Për asistencë në gjuhën shqipe telefononi falas në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ለአማርኛ ቋንቋ እገዛ በመታወቅያዎ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقةك التعريفية (Arabic)



Para iti tulong ti pagsasao iti pagsasao tawagan ti numero a nakalista iti ID card yo nga awan ti bayadan yo. (Ilocano)

Untuk bantuan dalam bahasa Indonesia, silakan hubungi nomor yang tercantum di kartu ID Anda tanpa dikenakan biaya. (Indonesian)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。 (Japanese)

လၢတၢ်မၤစၢၤတၢ်ကတိၤကိၣ်အဂီၢ် ကိၣ် နိးနီၣ်ဂံၢ်တၢ်ကွဲးလီၤယၢ်လၢန့ၣ်အုၣ်သး အုၣ်ဒိၣ်ကး အလီၤ လၢတအိၣ်ဒီးတၢ်လၢာ်ဘျၣ်လၢာ်စ့ၤဘျၣ် (Karen)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

Bé m ké gbo-kpá-kpá dyé dé Bäsóò wùdùün wěε, dá nòbà bé o cééà bó ni dyí-dyoìn-běḿ kǝé bó pídyi. (Kru-Bassa)

تاندۆخ یناس ئیپ ی کارت ەنوو سەر اول یی اۆر خ ە یژمار زمان ب زمان ب ەدار ب یندەو ئیپ ین ینو ئی ر یر گرتن ەو ۆب ەن ەبک یندەو ە یپ (Kurdish)

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໃຫ້ທາໝາຍເລກທີລະບຸໃນບັດປະຈຳຕົວຂອງທ່ານໂດຍບໍ່ເສຍຄ່າໃຫ້. (Laotian)

तील भाषा ( मराठी) सहाय्यासाठी तुमच्या आयडी कार्डवर सूचिबद्ध करण्यात आलेल्या क्रमांकावर कोणत्याही खर्चाशिवाय कॉल करा. (Marathi)

Ñan bōk jipañ ilo Kajin Majol kwon kallok nōmba eo ej walok ilo kaat in ID eo aṃ ejjelok wōnān. (Marshallese)

Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl nempe me sansal pohn noumw ID koard ni sohte isais. (Micronesian-Pohnpeian)

សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ សូមទូរស័ព្ទតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នកដោយឥតគិតថ្លៃ។ (Mon-Khmer, Cambodian)

(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Tën kuwoŋy ë thok ë Thuonjäng cöl akuën cī reec ë kaaddu köu kecīn ayöc.(Nilotic-Dinka)

For språkassistanse på norsk, ring nummeret på ID-kortet ditt kostnadsfritt. (Norwegian)

Fer Hilfe in Deutsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix. (Pennsylvania Dutch)

شما آمده است تماس یی شناسا کارت ی که بر رو ی با شماره ا ی نه ای چ هزی بدون ه ، ی به زبان فارس یی رهنما ی برا ی س ی د . انگلیری ی بیگ (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

