



NDMS Definitive Care Reimbursement Program



INSTRUCTIONS FOR COMPLETING THE ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

AGENCY INFORMATION SECTION:

1. You do not need to complete this section.

PAYEE/COMPANY INFORMATION SECTION:

1. Name - This must be the legal name for the vendor as on file with IRS. If invoice billing or remit to name is different from the legal name, also provide this name as a doing business as (DBA) name.
2. SSN No. or Taxpayer Id No. - This must be the legal social security number (SSN), federal employer id number (EIN), or federal taxpayer id number (TIN).
3. Address - This is the correspondence mailing address to include city, state, and zip code. Please do not abbreviate city names.
4. Contact Person Name - This is the name of the vendor's contact person.
5. Telephone Number - This is the phone number of the vendor's contact person. Please be sure to include area code.

FINANCIAL INSTITUTION INFORMATION SECTION:

1. Name - This is the name of the bank being used for direct deposit.
2. Address - Address of bank, to include city, state, and zip code.
3. ACH Coordinator Name - Banks have ACH Coordinators who can answer questions for vendors regarding the process.
4. Telephone Number - This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.
5. Nine-Digit Routing Transit Number - This number identifies the bank when direct deposits are made. This number should begin with 0, 1, 2, or 3. Take this number from a check, not a deposit slip.
6. Depositor Account Title - This is the name on the account.
7. Depositor Account Number - This is the account number.
8. Lockbox Number - Please include the lockbox number if there is one.
9. Type of Account - Please select the type of account used (checking, savings, lockbox).
10. Signature and Title of Authorized Official - Signature is required on all SF 3881 submissions. The signature must be the owner of the account in cases of individuals or a company official (with title) in cases of companies.
11. Telephone Number - This is the phone number of the company official who signed the form.

Please mail your completed form to:

Apprio Inc.
NDMS Definitive Care Reimbursement Program
Attn: Provider Enrollment
425 3rd Street, SW
Suite 890
Washington, D.C. 20024

Or you may fax them to Apprio at: **(888) 587.2352.**