



Please email, fax, or mail the completed form to any one of the following:

Fax: 866.333.8024

Email: providers@marylandphysicianscare.com

509 Progress Drive Suite 117, Linthicum, MD 21090

MCO Information	MCO HealthChoice ID: 223476999	MCO PAC ID: 409636359	MCO Payer ID: 22348
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Please select one of the following:

Authorization

We, the Provider, certify the listed checking or saving account is under our direct control. Therefore, we authorize Maryland Physicians Care to initiate credit entries (and/or adjustments for any credit entries made in error) directly into the Bank / Financial Institution account number listed above. We authorize the Bank / Financial Institution to post the credit and/or debit to the same account.

We understand that if our account is closed, we will not receive payment until our bank returns the funds to Maryland Physicians Care. This authorization remains in effect until we submit an updated EFT Authorization Form requesting termination and until such time that Maryland Physicians Care has had a reasonable opportunity to act on such request. If our depository information changes, we agree to submit an updated EFT authorization form.

Attach a VOIDED check for verification of your account number

Provider Information

TIN (Tax ID)	
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Provider Name		DBA	
Contact Name		Phone Number	
Email Address			

Bank or Financial Institution Information

Bank Name					
Address					
City		State		Zip	
Bank Contact Name		Bank Phone Number			

Account Type		Routing Number		Account Number	
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Authorized Provider Representative Signature Date

Name Printed:	Title:
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