

Part 2 : Pages 4-5 to be completed by WellSense

Required documentation review section

WellSense will be contacting the Authorized Contact from page 1 when this form is returned to confirm the details listed below.

Prerequisite documentation	Initials
Is the bank letter or voided check attached? (Yes/No):	
Is EFT form signed by external party? (Yes/No):	

Bank account information audit review (to be completed by WellSense)	
All banking data confirmed accurate (Yes/No): <i>If Yes, skip to next section. If No, document corrections below.</i>	Initials _____
Banking data inaccuracy identified; correction noted below:	
Account name:	
Bank account:	
Routing#:	
Bank institution:	

Provider/Payee Form



To be completed by WellSense

Please Check One:

☐ New ☐ Update

Provider Name:
Provider Tax Identification Number (TIN):

Please provide list of all payees to apply this bank information upon (attach an additional sheet with the same information if necessary)

Facets Provider Name	Entity Type (G=Group, P=Practitioner, F=Facility)	Facets Provider Number

Role	Printed name	Signature	Date
Plan document reviewer/ Network Manager			
Provider Enrollment Staff Name			