Bahama Health
FEEL GOOD ABOUT YOUR HEALTHPLAN

A division of Family Guardian Insurance

PROVIDER ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT APPLICATION

NAME OF PROVIDER (As registered with BahamaHealth):					
Business License #:		Issue Date:		Expiry Date:	
Tax Identification # (TIN)					
Business Address:					
Primary Contact:		Job Title:			
Office Phone:		Mobile Phone:			
Email Contact:					
Alternate Email Address:					

BANKING INFORMATION FOR ELECTRONIC FUNDS TRANSFER

Bank:			
Exact Name on Account:			
Account #:		Select account type:	☐Savings ☐Checking
Branch Location:		Branch #:	

By completing this form, you are authorizing us to transfer the funds from your approved, processed claims and deposit it directly to your bank account. Your explanation of benefits (EOB) will be emailed to you at the address provided on the EFT form. This will provide fast and efficient turn-around time in the settlement of your claim when compared to the traditional time it takes to print and disburse a paper cheque.

COMPLETED BY:

Name (Print):	
Title:	
Signature:	
Date:	

Release of Liability

Family Guardian Insurance Company Limited (BahamaHealth) accepts no liability for the inaccuracy of any information stated herein, or for the consequences of any actions taken on the basis of any inaccurate information herein provided. The signing of this form signifies your agreement that Family Guardian Insurance Company Limited (BahamaHealth) will not be liable to you in respect of any business loss resulting from any inaccurate information provided on this form, including but not limited to loss of profits, income, revenue, business, contracts, commercial opportunities or goodwill.

Completed forms are to be forwarded to hensia.mckinney@familyguardian.com

FOR BAHAMAHEALTH USE ONLY

RECEIVED BY	DATE
ENTERED IN SYSTEM BY	DATE
REVIEWED BY	DATE