NYSIF.com Online Account User Guide MEDICAL PROVIDERS

November 26, 2019

Contents

About this Guide

To safeguard the privileged information of both you and the NYSIF claimant, obtaining explanation of benefits (EOB) and bill payment information requires a secure login and two-step authentication procedure. This will allow authorized medical providers and/or their authorized representatives, access to bill status and payment information related to their submitted bills.

Create an Account

- Visit nysif.com, choose "Login" at the top and click "Create an Account" from the dropdown menu.
- You will need a recent check received from NYSIF (within the last 12 months) and will be asked to enter the following: check number, check date, check amount and zip code.

Business Relationship

All fields are required unless otherwise stated.

Account Type
Medical Provider ⬍

NYSIF Medical Payee Verification

Check Number

Check Date 📅

MM/DD/YYYY

Check Amount

Zip Code for Primary Payment Address

Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Last Name

Telephone Number

Numbers only - include area code

Email

Verify Email

[Previous] [Next]

Choose Username and Password

All fields are required unless otherwise stated.

Username

Password

Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#@$%+?] characters

Confirm Password

Terms & Conditions

☐ By checking this box, I agree to the New York State Insurance Fund's **User Agreement** and **Privacy Policy**.

[Sign Up] [Previous]

PIN Validation

Once your registration is complete, you will receive an email asking you to verify the email address you provided. When you receive this email, click on the link provided. You will see a message stating that your email address has been validated and a PIN (personal identification number) will be sent to further verify your account.

Email Address Validated

Thank you for registering for a nysif.com online account. There is one remaining step needed to complete your registration. You will receive a PIN validation letter at the mailing address you provided, and this correspondence will instruct you on completing your registration. This validation process is designed to protect your security. Thank you for visiting nysif.com.

NYSIF will mail to you (via U.S. mail) a letter containing your unique PIN. Please note that in order to meet information security standards, the PIN must be sent to the address NYSIF mails bill payments. This is part of our verification procedure.

Validate PIN

We mailed you a PIN number on . Please enter it here to validate your account.

⋅NYSIF Pin Number C2Z6NZV5Y2N8

Submit

Please be aware that if your NYSIF checks are mailed to a lockbox, your PIN will also go to that lockbox. Once this PIN letter is received the user must login to their NYSIF online account and enter the PIN. **Your PIN will expire after 30 days.**

Note that only one master account can be created per medical provider Tax ID, but providers will be able to grant access to additional users once the account has been verified.
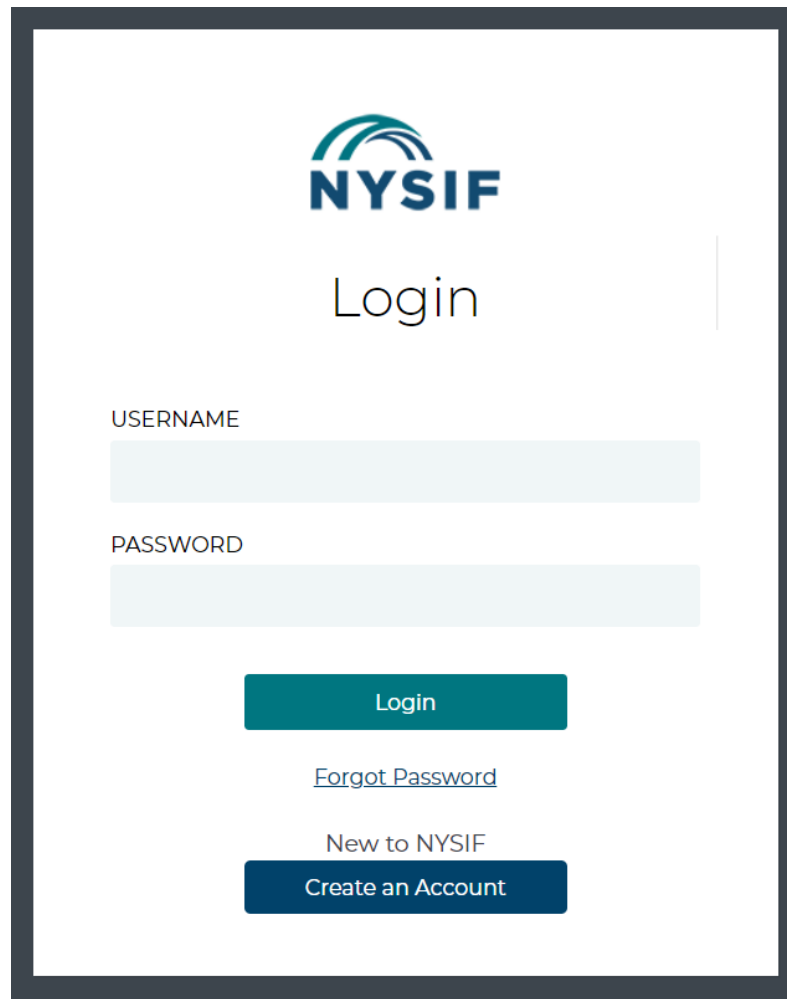
Enhanced Security (Multi-Factor Authentication)

NYSIF takes your privacy seriously. To protect the personal information of its customers, including health records, NYSIF has implemented an enhanced security feature (also known as multi-factor authentication) for all NYSIF online account holders. Enhanced security allows NYSIF to identify you as the true owner of your online account by adding a layer of protection against unauthorized access. We do this by sending you a one-time passcode, in addition to requesting your username and password.

Please see the following screen shots for more information on how your account will be enrolled in enhanced security.
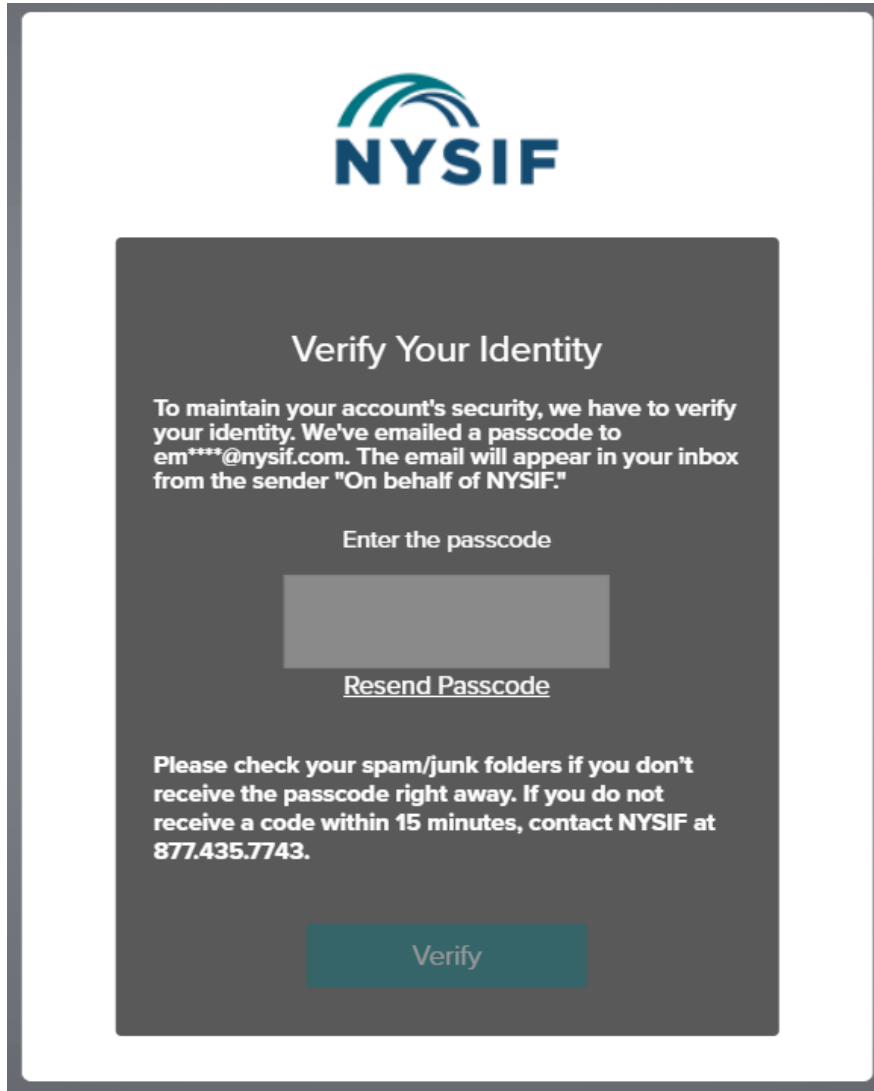
LOGIN

1. Visit **nysif.com**. Click Login in the upper right corner.
2. Enter your username and password.
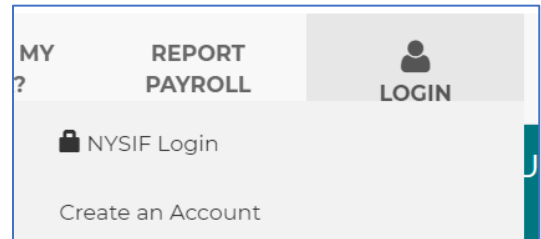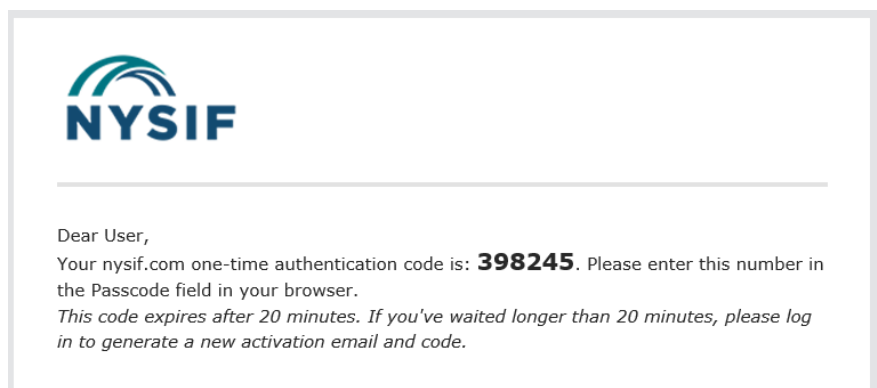
Passcode

The first time you log into your NYSIF online account following implementation of enhanced security, you will be prompted to enter a passcode to verify your identity. The passcode will be sent to the email address associated with your NYSIF online account. At this time, you can only retrieve this passcode via email.

The passcode will expire after 20 minutes. The email will appear in your inbox from the sender **"On behalf of NYSIF."**

Enter the passcode in the field provided. Click "Verify." If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.
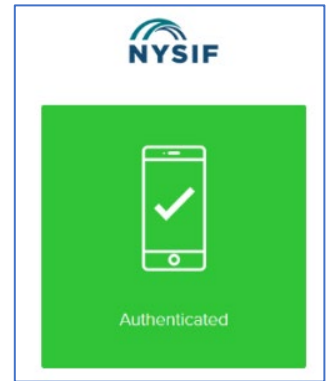
Authentication

Each time you log into nysif.com, NYSIF's systems will perform a risk assessment of your login details. If the assessment identifies a probability of fraud, you will be asked to authenticate via passcode as shown above, sent to the email address associated with your online account.

Examples of information that might trigger an enhanced security login include:

- Frequent password changes
- Different user location or time zone
- Different user IP address
- Different browser or version
- Different or new device/computer
- New mobile login

Forgot Password or Username:

Choose "Forgot Password" from the login page. Enter your Username in the field provided. A temporary password will be sent to the email address associated with the online account.

Choose "Forgot Username." Enter your email address. Our system will send the username associated with that email address to the email address.

Online Account Administration

NYSIF Payee Portal
NYSIF appreciates the important role health care providers play in the workers' compensation system. Our website provides tools and information to make doing business with NYSIF easier for you.

Direct Deposit
Enroll/Manage Direct Deposit

User Guide
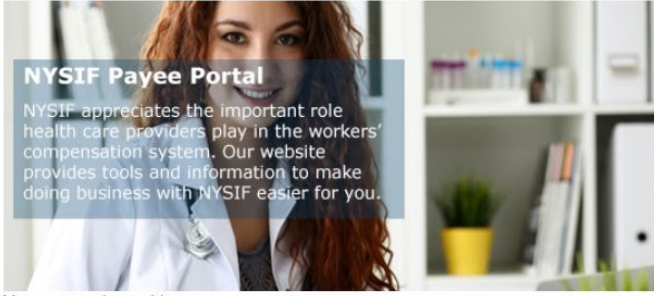Medical Provider Portal User Guide

Medical Payee Menu
Search Payments By Claim Number
Search Payments By Check Number
Find a Claim Number
Get Claims Help

You are now logged-in.

The New York State Insurance Fund sells workers' compensation and disability benefits insurance. Claims are adjudicated by the Workers' Compensation Board, which is not a part of the New York State Insurance Fund.

Add Third Party Biller

9F9F9F

(*Please enter Third Party Biller unique ID, which must be provided to you by the vendor.)

Submit

This below list displays currently registered Third Party Billers for this Medical Payee User.

Name	Unique Id	Manage
PAYERS, INC	0011F	Delete
BILLER LASTNAME	15F473	Delete

Account Management

To manage your online account, select Account Management from the dropdown menu under your username at the top right of the page.

👤 DrTest ▾   🔒 Logout
🔗 Online Services
⚙ Account Management
/C Links ▾
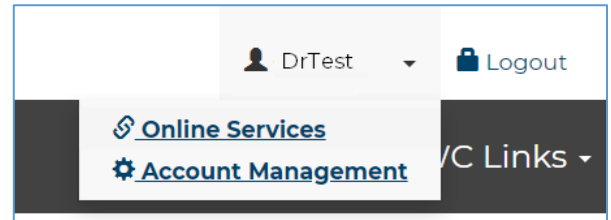
Choosing "Account Management" will bring you to your "Administration Console Home" page, where you can update your profile or password and add authorized users.

Administration Console
Manage your NYSIF account using the links below.

Profile Management
Review and update your account information at any time.
Update Your Profile

User Management
Add new authorized users and manage existing users.
Manage Users

Help
Need technical help? Please contact the NYSIF Service Desk.
1-877-435-7743

User Management (add/delete an authorized user)

Select "Manage Users" under User Management to add, edit or delete an authorized user account.

These authorized users inherit the permissions of the master account and will be able to see all of the billing and payment information for that provider. This feature may be useful in cases where multiple people are associated with the same provider, such as the management, accounting, or clerical staff from a particular office.

Each employee should have his or her own account to access the portal. The first account to register for a provider will be the "master" account; subsequent accounts will be "authorized user" accounts.

Only the master account holder can add or delete authorized users.

User Management

This screen displays all of the users that currently have access to your account's applications. You can change contact and password information for a user by clicking the user's login name. If you wish to delete the user, simply click the "Delete" link.

Add New User ✚

Login	First Name	Last Name	Last Login	Access Expires		Edit	Delete
testpayee11	JOHN	SMITH	9/23/2019 1:57:52 PM	Master Account Holder		✎	
StarsStripes	JOHN	SOUSA	7/3/2019 12:54:22 PM	11/20/2020	**Extend Access**	✎	✖
betsyboo116	Betsy	Nysif	9/29/2019 1:00:37 PM	11/20/2020	**Extend Access**	✎	✖
childacct111	Jane	Smith	6/2/2015 11:44:17 AM	Expired	**Extend Access**		✖

< **Account Management**

For edits to an existing user, choose Edit, make any changes and click Submit.

Choose "Add New User" to add a new user account. Complete all required fields.

When adding a new user, in addition to contact information, you will be asked to choose a username and password for this individual. This person will receive a notification email from NYSIF advising him/her to obtain the username and password from you. The user will be prompted to change the password upon first login. The user must also accept NYSIF's Terms & Conditions before gaining access to the online account.

Add New User

Please note that each new authorized user has the same access to information as you, the master account holder. This may include access to policy and claims information for both NYSIF workers' compensation and disability benefits customers. Please ensure that the authorized user understands the legal obligations to handle this information appropriately.

Please provide account details

Contact Information

First Name

Middle Initial (optional)

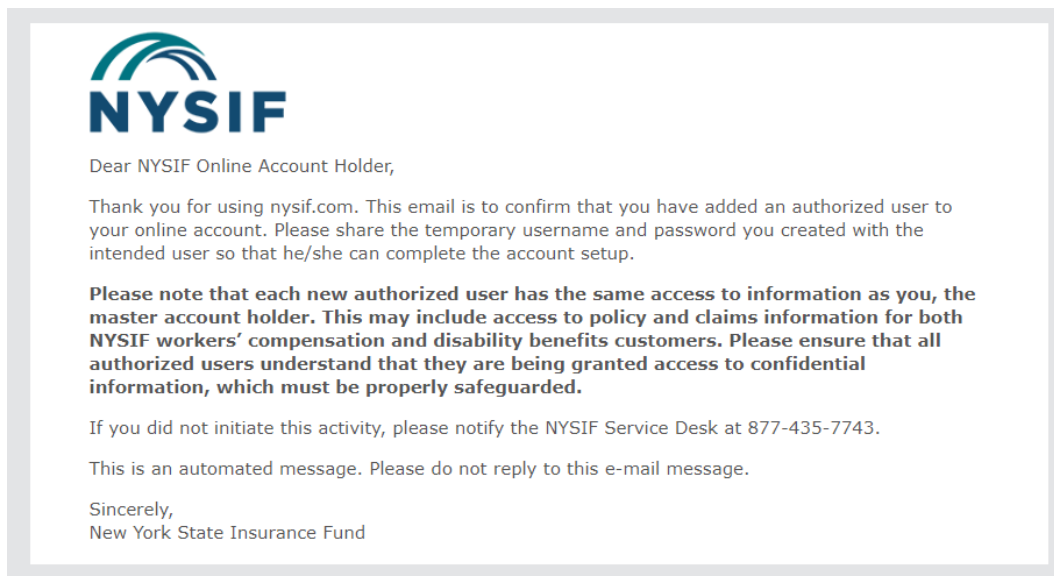Last Name

Company

Title
Accountant ⬍

Telephone Number

(numbers only - with area code)

Fax Number (optional)

(numbers only - with area code)

Email Address

The master account holder will also receive a confirmation email:

Dear NYSIF Online Account Holder,

Thank you for using nysif.com. This email is to confirm that you have added an authorized user to your online account. Please share the temporary username and password you created with the intended user so that he/she can complete the account setup.

Please note that each new authorized user has the same access to information as you, the master account holder. This may include access to policy and claims information for both NYSIF workers' compensation and disability benefits customers. Please ensure that all authorized users understand that they are being granted access to confidential information, which must be properly safeguarded.

If you did not initiate this activity, please notify the NYSIF Service Desk at 877-435-7743.

This is an automated message. Please do not reply to this e-mail message.

Sincerely,
New York State Insurance Fund

Please note that any authorized user added to this online customer account will inherit nearly all* permissions of the master manager account. This may include access to policy and claims information for both NYSIF workers' compensation and disability benefits clients. Please ensure that all authorized users understand the legal obligation to handle this sensitive and confidential information appropriately.

*Authorized user account holders cannot create other authorized user accounts or edit/delete user accounts.

Recertifying Authorized Users

NYSIF has established a recertification process for authorized user accounts. The master account holder is required to recertify each authorized user account annually.

Master Account Holder

If a master account holder has accounts that must be recertified, the user will encounter this pop-up window upon login. The link will take the user directly to the Account Management page.

Recertify User Access

You currently have authorized user accounts that must be recertified. You may view and recertify users in Account Management.

OK
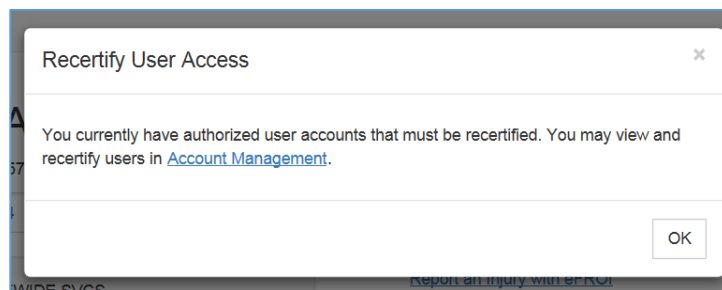
The master account holder will receive an email notification of upcoming recertifications 30 days from expiration, 15 days from expiration and the day of expiration. To extend access, log in and:

1. At the top right of your landing page, select "Account Management" from the dropdown menu under your username.
2. Under "User Management," select "Manage Users."
3. Click "Extend Access" on the authorized user whose access is scheduled to expire (or whose access has already expired) to recertify the user.

PLEASE NOTE: The master account holder can recertify any user at any time. For example, if the master account logs in to recertify **Child1** because that user's access will be expiring first, the user can also recertify **Child2** and **Child3** at the same time. This is an added convenience for the user.

User Management

This screen displays all of the users that currently have access to your account's applications. You can change contact and password information for a user by clicking the user's login name. If you wish to delete the user, simply click the "Delete" link.

Add New User

Login	First Name	Last Name	Last Login	Access Expires		Manage
nysiftest	NYSIF	NYSIFTEST	2/27/2018 11:35:19 AM			Edit
Child1	test	uouiouiou	11/21/2017 11:24:08 AM	04/14/2018	Extend Access	Edit Delete
Child2	Kevin	Mango	8/10/2017 9:23:08 AM	08/09/2018	Extend Access	Edit Delete
Child3	newchild	termstest	5/30/2017 11:45:55 AM	05/30/2018	Extend Access	Edit Delete

Once the user recertifies, the access expiration date will be updated to one year in the future. (There is no confirmation screen.) For example, the master account holder in the previous screen shot recertified **Child1.** The page now reflects:

Add New User

Login	First Name	Last Name	Last Login	Access Expires		Manage
nysiftest	NYSIF	NYSIFTEST	2/27/2018 11:35:19 AM			Edit
Child1	test	uouiouiou	11/21/2017 11:24:08 AM	02/27/2019	Extend Access	Edit Delete
Child2	Kevin	Mango	8/10/2017 9:23:08 AM	08/09/2018	Extend Access	Edit Delete
Child3	newchild	termstest	5/30/2017 11:45:55 AM	05/30/2018	Extend Access	Edit Delete

If a user's access expires before recertification, the User Management page will reflect:

childacct111	Jane	Smith	6/2/2015 11:44:17 AM	Expired	**Extend Access**	✖

The master account holder can choose "Extend Access" to certify the expired user.

Authorized User Account Holder

The authorized user will receive an email notification of upcoming recertification 30 days from expiration, 15 days from expiration and one day from expiration.

If the authorized user's access expires, the user will be presented with the following message upon login.

Unexpected Error

Your online account has been suspended, due to not having been recertified by the master account holder. To reestablish access, please contact the master account holder for account recertification.
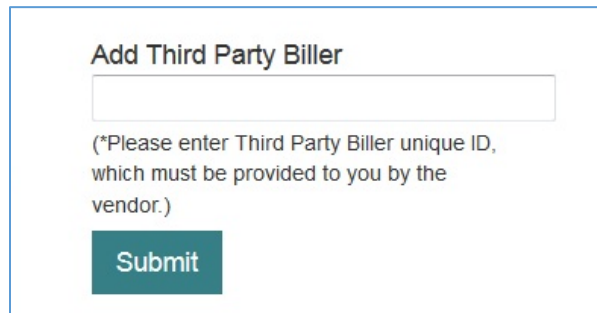
Please note that only the master account holder can recertify an authorized user; NYSIF cannot provide this authorization.

Add (or remove) a Third-Party Biller

This option allows a medical provider to grant access to payment/billing information, for that provider's own payments, to a third-party billing service. In order for this permission of access to occur, the following prerequisites must be in place:

- The billing service must have registered for a NYSIF online account.
- The billing service must have shared its unique ID with the provider.
- The provider must acknowledge and accept responsibility for the release of information to the biller.

To begin, the third-party biller must complete registration for a NYSIF online account. Once verified, NYSIF will send the vendor biller a unique identifier code **that they must share with the provider.** The provider should then log back into his/her NYSIF account and add the biller by entering the unique ID code in the textbox on the landing page. By clicking 'submit,' the medical provider acknowledges and accepts responsibility for the release of information to the billing service.
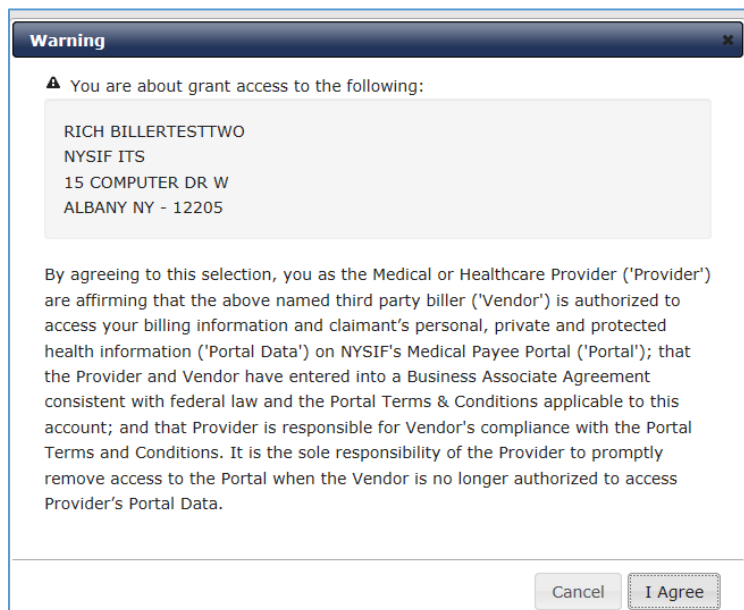
> **Add Third Party Biller**
>
> [   ]
>
> (*Please enter Third Party Biller unique ID, which must be provided to you by the vendor.)
>
> **Submit**

The user will be presented with a dialog box indicating the name and address of the billing service.

If this is correct, and the Provider accepts the conditions detailed in the dialog box, click the "I Agree" button, or click "Cancel".

> **Warning**   ✕
>
> ⚠ You are about grant access to the following:
>
> RICH BILLERTESTTWO
> NYSIF ITS
> 15 COMPUTER DR W
> ALBANY NY - 12205
>
> By agreeing to this selection, you as the Medical or Healthcare Provider ('Provider') are affirming that the above named third party biller ('Vendor') is authorized to access your billing information and claimant's personal, private and protected health information ('Portal Data') on NYSIF's Medical Payee Portal ('Portal'); that the Provider and Vendor have entered into a Business Associate Agreement consistent with federal law and the Portal Terms & Conditions applicable to this account; and that Provider is responsible for Vendor's compliance with the Portal Terms and Conditions. It is the sole responsibility of the Provider to promptly remove access to the Portal when the Vendor is no longer authorized to access Provider's Portal Data.
>
> Cancel   I Agree

(Language shown above in acknowledgement of adding a third-party biller)

By agreeing to this selection, you as the Medical or Healthcare Provider ('Provider') are affirming that the above named third party biller ('Vendor') is authorized to access your billing information and claimant's personal, private and protected health information ('Portal Data') on NYSIF's Medical Payee Portal ('Portal'); that the Provider and Vendor have entered into a Business Associate Agreement consistent with federal law and the Portal Terms & Conditions applicable to this account; and that Provider is responsible for Vendor's compliance with the Portal Terms and Conditions. It is the sole responsibility of the Provider to promptly remove access to the Portal when the Vendor is no longer authorized to access Provider's Portal Data.

After agreement, the Medical Provider landing page will include those billers who currently have permissions to view the provider's billing and payment information.

> **Please note again that this unique ID must be provided by the biller to the provider through direct communication. NYSIF cannot provide this information, nor play an active role in granting these permissions. Please note that only the master account for the medical provider can add/authorize a third-party biller. Authorized user child accounts set up by the provider do not have permission to grant authorization.**
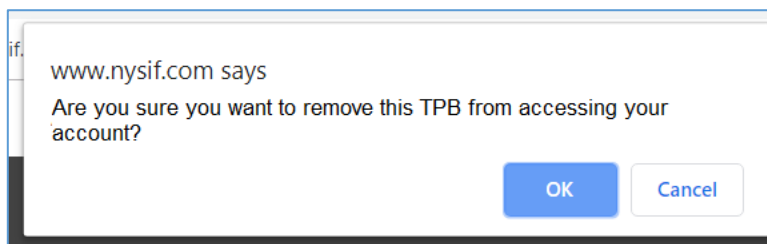
This biller can now, and until such time as access is revoked, view all billing and payment information associated with this provider. Some additional notes:

- A single provider can grant access to more than one billing service.
- A single billing service can view bills for more than one provider – but only for one at a time.
- A billing service cannot grant or obtain permission to view a provider's information, nor can NYSIF personnel issue such grants. These permissions must come from the provider.
- A provider can revoke permissions from any billing service at any time.

To revoke permissions from a billing service, click the "Delete" link corresponding to the service in question.

Name	Unique Id	Manage
PAYERS, INC	0011F	Delete
BILLER LASTNAME	15F473	Delete

A confirmation dialog will display. Click the "OK" button, and this biller will no longer have access to information about this provider. The service will disappear from the list.

www.nysif.com says

Are you sure you want to remove this TPB from accessing your account?

OK   Cancel

Claim Search

Direct Deposit

Enroll/Manage Direct Deposit

User Guide

Medical Provider Portal User Guide

Medical Payee Menu

Search Payments By Claim Number
Search Payments By Check Number
Find a Claim Number
Get Claims Help

From your landing page, you can click on one of the following options from the menu:

- Search Payments by Claim Number
- Search Payments by Check Number
  (Direct deposit participants should use the draft number provided in the payment notification email.)
- Find a Claim Number
- Add or delete a Third-Party Biller
- Enroll in direct deposit

Search Payments by Claim Number

From your landing page, select "Search Payments by Claim Number." Note on this page that the user's (NYSIF-generated, internal) Payee ID and business name are displayed. For any searches performed by these applications, only information specifically associated with payments to a single provider, over a specific time period, will be displayed.

Enter the claim number. You may search by claim number for any date of service in the last five years. Drag the date range fields to reposition the slider or narrow the range. The maximum range for a single search is 180 days.

Click "Submit."

Search Payments By Claim Number

Payee ID: 0011223344 TESTING ORTHO, INC

Claim Number

Service Date

05/19/2019   11/19/2019

You may search by claim number for any date of service in the last five years. Drag the date range fields to reposition the slider or narrow the range. The maximum range for a single search is 180 days.

Submit

TIP: Place your cursor on the blue slider and reposition the date range in six-month increments.
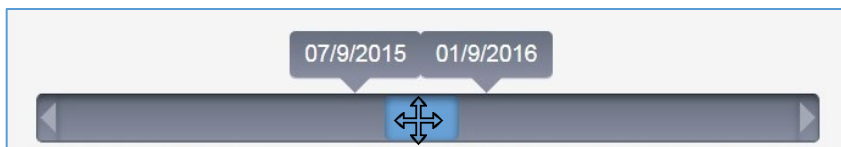
TIP: Drag the right or left end-point to narrow your date range.

Search Payments By Claim Number

Payee ID: 00112233 ORTHO TESTING, INC

Claim Number	9876543

Service Date

02/21/2015   08/21/2015

You may search by claim number for any date of service in the last five years. Drag the date range fields to reposition the slider or narrow the range. The maximum range for a single search is 180 days.

Submit

Claim Number	Last Name	Date of Birth	Accident Date	Case Manager
9876543	SMITH	05/12/1955	10/21/2014	✉ Nysif, John

Bill Number	Billed Amount	Last Date of Service
➕ 34440161	769.62	04/17/2015
➕ 33823108	769.62	02/26/2015

The system will return information about the claim – specifically the claimant last name, date of birth, and accident date. The NYSIF case manager's name and email address are also available. If more than one payment was made during the search period, the search will return all payments.

Click the "plus" sign to expand details about the payment. Click "Bill Details" for further information.

Claim Number 9876543	Last Name SMITH	Date of Birth 05/12/1955	Accident Date 10/21/2014	Case Manager ✉ Nysif, John

Bill Number	Billed Amount	Last Date of Service
⊖ 34440161	769.62	04/17/2015

	Paid Amount	Check Number	Check Amount	Check Date	Message	Document Link
Bill Details	769.62	57808893	7,322.68	05/15/2015	Paid in full.	Repricing EOR

Service Date	Codes	Modifiers	Charges	Paid Amount
04/17/2015	64721	79	769.62	769.62

Bill Number	Billed Amount	Last Date of Service
⊖ 33823108	769.62	02/26/2015

	Paid Amount	Check Number	Check Amount	Check Date	Message	Document Link
Bill Details	769.62	57553815	10,086.68	03/24/2015	Paid in full.	Repricing EOR

Service Date	Codes	Modifiers	Charges	Paid Amount
02/26/2015	64721		769.62	769.62

In the table there will be a record for each bill stored for this claimant, for services billed by this provider, during the service date range submitted. For each record, the following fields, if applicable, are displayed:

- NYSIF Bill Number
- Billed Amount
- Last Date of Service
- Paid Amount (for this specific bill)
- Check Number (if payment was issued)
- Check Amount (can and will often differ from billed amount/paid amount, due to repricing and the combination of multiple bills on a single check)
- Check Date
- Bill Status Message
- Document Link (Documents related to Objections and Repricing on the bill)
- Service Dates covered by the payment
- Codes, charges and paid amount for each service date.

The text in the "Document Link" field describes the type of each available document: "OBJ" (Objection Letter), "Repricing EOR" (Explanation of Review from repricing service), or "C-8-4" (NYSIF generated C-8.4 document). Clicking on one of these document links will open a new web page that displays the requested document.

Note: All documents available for display are images of documents already sent to the Provider.

Note: If there are no bills associated with the submitted claim/service date range and this Provider, no information will be returned.

Search Payments by Check Number

Clicking the "Search Payments by Check Number" link on the landing page will bring up a check-specific search. Enter a check number, and click the "Submit" button. If the check number entered does not match that of a check issued to the Provider being queried, no information will be returned.

If you are enrolled in direct deposit, please use the draft number provided to you in the payment notification email to "Search Payments by Check Number."

Search Payments By Check Number

Payee ID   00112233 ORTHO TESTING, INC

Check Number   57808893

Submit

In accordance with New York State Public Health Law §2782(5)a, you may not further disclose HIV related information without the specific written consent of the person to who it pertains, or as otherwise permitted by law. Any authorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure of HIV related personal health information.

Check Number	Check Amount	Check Date	Cashed Date
57808893	7,322.68	05/15/2015	05/21/2015

Claim Number	Unit Number	Claimant	Bill Number	Bill Reference	Payment amount	Document Link
0123456	95	John Smith	34393226	04/07/15-04/07/15	3,582.98	Repricing EOR
1234567	94	SUSAN J. JONES	34403906	04/13/15-04/13/15	675.68	C-8-4 Repricing EOR
2345678	65	William Williams	34414209	04/21/15-04/21/15	450.00	C-8-4 Repricing EOR
345678	91	Joseph Nysif	34403937	04/13/15-04/13/15	1,138.14	C-8-4 Repricing EOR
4567890	91	MARY THOMAS	34409837	04/20/15-04/20/15	706.26	Repricing EOR
5678901	91	Jane Doe	34440161	04/17/15-04/17/15	769.62	Repricing EOR

Hover over the claim number for case manager information. Hover over the claimant name for accident date and date of birth.

The document links in the far-right column function in the same way as described for "Search by Claim."

						Repricing EOR
345678	91	Joseph N	Claimant Date of Birth: 01/27/1961 Accident Date: 12/05/2013	04/13/15-04/13/15	1,138.14	C-8-4 Repricing EOR
4567890	91	MARY THOMAS	34409837	04/20/15-04/20/15	706.26	Repricing EOR
56789		Case Manager Name: Christine Myers Case Manager Email: cmyers@nysif.com	34440161	04/17/15-04/17/15	769.62	Repricing EOR

Find a Claim Number (Associated)

In some cases, the user may not know the claim number that is required for a billing/payment search. "Find a Claim Number" requires certain claimant information and returns a claim number meeting the submitted criteria.

If the provider has previously submitted a bill to NYSIF for this claimant, choose "Yes" and complete the fields required. The provider must provide the claimant's **exact date of birth**, an accident date that falls within three days of the date stored by NYSIF, and the first two letters of the claimant's last name. As with the "Search Payments by Claim Number" function, use the slider to select and narrow the service date range. The search will return the claim number and full last name of the claimant.

Find a Claim Number

Payee ID   00112233 ORTHO TESTING, INC

Have you submitted a bill to NYSIF for this claimant?

◉ Yes
○ No

Service Date

04/01/2015 — 07/25/2015

You may search by claim number for any date of service in the last year. Drag the date range fields to reposition the slider or narrow the range. The maximum range for a single search is 180 days.

*Date of Birth   01/27/1961

*Accident Date   12/05/2013

The accident date needs to be within 3 days to return the correct claim.

*Last Name   Nysif

Submit

Claim Number	Claimant Last Name	Claimant Date of Birth	Date of Accident	Unit
345678	Nysif	01/27/1961	12/05/2013	91

If there are no bills associated with the submitted claim/service date range and this provider, no information will be returned.

Other conditions resulting in "No records" would include a mismatch on last name, an accident date out of range, or no billing information for this provider during the range submitted. Only claimants that fit the provided identification information AND were provided billed services by this provider, during the specific service date range in question, will be returned.

*Last Name   sm

Submit

No data found for given search criteria. This may be because a claim has not yet been created or there is no bill yet on file associated with both you, the medical provider, and the injured worker. Please contact the claimant or the employer for a claim number.
Please note that a provider may submit a medical bill without a claim number.

Find a Claim Number (Not Associated)

In some cases, the provider may have recently treated a claimant, but not yet submitted a bill to NYSIF. Because the claimant and the provider are not associated yet, NYSIF requires more information to perform a search for a claim number. The provider must have the **exact** name and birthdate, and the accident date within three days.

A successful search will return the claim number.

Only claimants that fit the provided identification information will be returned.

Direct Deposit Enrollment

Note:
- Only the master account holder can enroll in direct deposit for a medical provider.
- The master account holder will be asked for their home address, which will be used to verify their identity when submitting. NYSIF will transmit the application to our eSignature vendor, DocuSign, to validate the master account holder's information. Please note this is for verification purposes only and will not change the mailing address NYSIF has on file for the medical payee.
- Medical providers outside the U.S. must mail a paper application (available on the enrollment page).
- Medical providers that utilize a bank outside of the US banking system are not eligible for NYSIF's direct deposit.

Choose "Enroll/Manage Direct Deposit" from your landing page.

Contact Information

On the Sign Up screen, the master account holder's name & the medical provider's payee number will be pre-populated from account creation. These fields will be read-only. All other required fields must be completed to proceed.

- **Title reflects** the user completing enrollment.
- **Address Line 1** must be the HOME address of the user completing enrollment. This will be used to verify your identity during the electronic signing process. The field will not accept PO boxes.
- **Email Address** will be used to provide notifications of payments deposited. You may enter an email address of your choosing; if you do not provide an alternate address, notifications will be sent to the master account email address. **Only the email address entered here will receive payment notifications.**
- Click **Submit.** A pop-up box with authorizations and understandings for the medical provider will appear. Please review these carefully and choose "I Agree" to move forward with direct deposit.

Direct Deposit Sign Up - Contact Information

To receive direct deposit of benefits, please complete the form below.

To complete a paper version of this application, click here.

*First Name

John

*Last Name

Doctor

*Title

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*Day Phone

Night Phone

*Email Address

Payee Number

0011223344

Submit

To reconcile EOBs, please use the draft number provided to you in the payment notification email to "Search Payments by Check Number."

Authorizations & Understandings

MEDICAL PAYEE'S RIGHTS
- This form is optional.
- You have the right to cancel the direct deposit at any time by logging into your NYSIF Customer account and selecting the "Unsubscribe" link for direct deposit, or by writing to:
  New York State Insurance Fund
  Attn: Claims Administration Medical Provider Direct Deposit
  199 Church Street
  New York, NY 10007

AUTHORIZATIONS & UNDERSTANDINGS
- I authorize the New York State Insurance Fund to directly deposit my payments into the specified bank account.
- I understand this consent does not authorize the New York State Insurance Fund to recover alleged overpayments of established and awarded benefits.
- I understand that only the parent account is authorized to enroll in or change direct deposits.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase payments may result in criminal prosecution, disqualification from work with NYSIF, and repayment of any funds deposited to my account.
- I understand that the failure to notify the New York State Insurance Fund of any change in financial institution or account may delay receipt of my payments.
- I understand that this agreement remains in effect until canceled by me, the New York State Insurance Fund, or by my financial institution. In such case, I will receive checks in the mail.
- I understand that in order to change the direct deposit, I need to submit a new direct deposit application to NYSIF.
- I understand that the New York State Insurance Fund may contact me periodically to make sure the right person is receiving payments and to ascertain if that person is still entitled to receive payments. If the payee is no longer living, the New York State Insurance Fund should be notified immediately.

I Agree   Cancel

Terms

Financial Institution Information for Medical Providers

After all information is successfully entered on the Direct Deposit Sign Up – Contact Information page, the **Direct Deposit Sign Up – Financial Institution Information** page will be displayed.

The Direct Deposit Sign Up page contains Account Type, Bank Name, Routing Number and Account Number. All fields are required.

- The **Account Type** is a drop-down selectable menu with options of either Checking or Savings.
- **Name of Financial Institution** is the bank where the user has the related account.
- The **Account Number** must be between 4 and 16 characters and must be all numeric.
- The **Routing Number** is a nine-digit number that will appear on the bottom of all checks. The Routing Number identifies the financial institution.

Direct Deposit - Financial Institution Information

*Direct Deposit Account Type

Checking
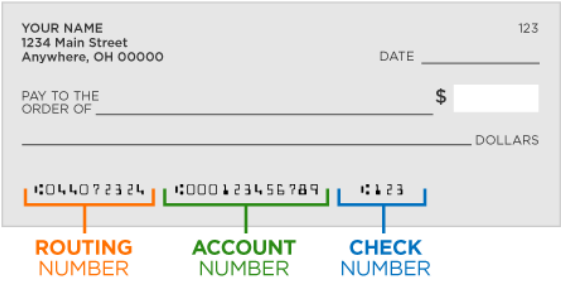
*Name Of Financial Institution

*Account Number

*Re-enter Account Number

*Routing Number

*Re-enter Routing Number

Submit

YOUR NAME
1234 Main Street
Anywhere, OH 00000   123

DATE _____

PAY TO THE
ORDER OF _____ $ _____

_____ DOLLARS

⑆044072324⑆ ⑈000123456789⑈ ⑆123⑆

ROUTING NUMBER   ACCOUNT NUMBER   CHECK NUMBER

At the bottom of the Financial Institution Information page is Depositor/Payee Certification & Authorization language. The user is agreeing to this disclaimer by clicking the "Electronic Signing" button.

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

IN SIGNING THIS FORM, I CERTIFY THAT I HAVE THE LEGAL AUTHORITY TO (1) AUTHORIZE THE USE AND RECEIPT OF DIRECT DEPOSITS ON BEHALF OF THE MEDICAL PAYEE/SUPPLIER, AND (2) DESIGNATE THE ABOVE FINANCIAL ACCOUNT. IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE SENT TO THE FINANCIAL INSTITUTION NAMED ABOVE, TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. I CERTIFY THAT THE MEDICAL PAYEE/SUPPLIER IS ENTITLED TO RECEIVE THE PAYMENTS, AND CIRCUMSTANCES ENTITLING THE MEDICAL PAYEE/SUPPLIER TO RECEIVE PAYMENT FROM NYSIF HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

*Clicking 'Electronic Signing' below will take you to DocuSign, our secure electronic signature agent.

Electronic Signing

DocuSign for Medical Providers

After choosing the Electronic Signing button, a pop-up message will notify the user that they are being redirected to DocuSign. **Click OK.**

You have chosen to submit this application electronically. Please note that you will be redirected to the website of DocuSign for authentication, signature and completion of this document. As part of this process you may be asked to respond to questions that confirm your identity as the person submitting this application.

OK   Cancel
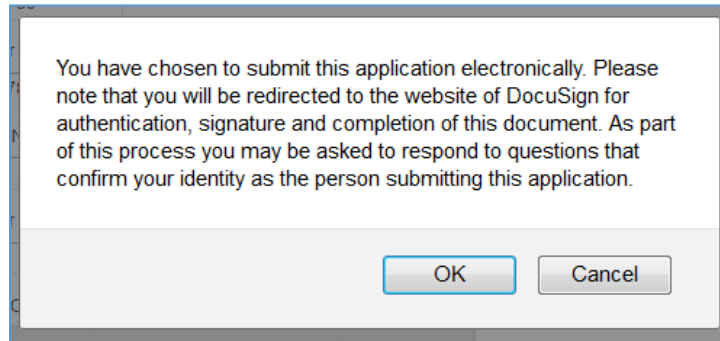
After clicking OK on the pop-up message, the user will be sent to DocuSign.

Once the user is in DocuSign the **ID Check – Identification Questions** page will display. This page will present the user with a series of identifying questions based on the specific individual logged in and signing up for direct deposit.

ID Check - Identification Questions

These questions are being generated as a means of an identity check requested by the document sender. None of this information is provided to the document sender or to anyone except you.

In which of the following housing complexes or communities have you ever lived or owned property?
- ○ NYSIF Estates
- ○ Sunny Hills Estates
- ○ Fordville
- ○ 123 Main Street
- ○ Heron Bay
- ○ I have never been associated with any of these communities

Which of the following addresses have you ever been associated with?
- ○ 111 Nysif Street
- ○ 39 Route 99
- ○ 1724 56th Street
- ○ 611 Hosta
- ○ 23 Main Road
- ○ I have never been associated with any of these addresses

Which of the following corporations have you ever been associated with?
- ○ Combined Business Service Ltd
- ○ Lifeline Associates
- ○ ACME Fence Co
- ○ Testing, Incorporated
- ○ Evisionboard Inc
- ○ None of the above

In which of the following counties have you ever lived or owned property?
- ○ Bronx, New York
- ○ Nysif, New York
- ○ County, New York
- ○ Tompkins, New York
- ○ Nassau, New York
- ○ I have never lived in any of these counties

Based on your background, in what county is '11813 Northwest 79th Court'?
- ○ Alachua
- ○ Florida
- ○ Nysif
- ○ County
- ○ Broward
- ○ I have never been associated with this address

Which of the following street addresses in 'Tarrytown' have you ever lived at or been associated with?
- ○ 0000 123rd Street
- ○ 493 Kimball Avenue
- ○ 102 South Broadway
- ○ 1 Tarrytown Street
- ○ Route 1
- ○ None of the above or I am not familiar with this property

After successfully answering the questions on the ID Check, the user will advance through DocuSign.
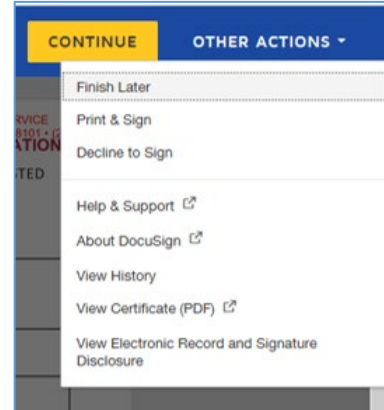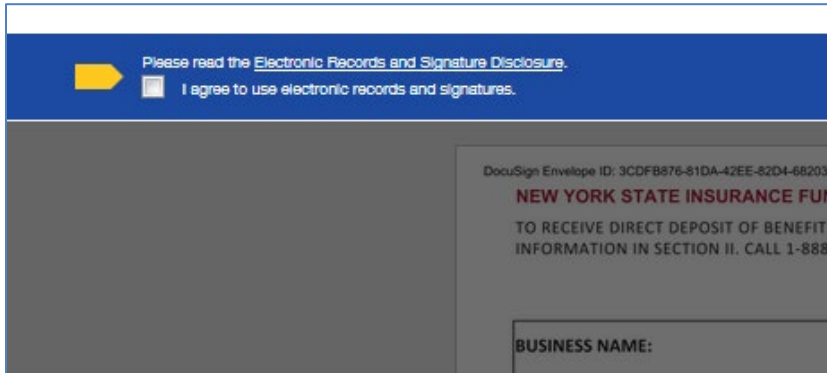
To the right of the CONTINUE button is an OTHER ACTIONS menu which includes options to Help & Support, Finish Later, Print & Sign, or Decline to Sign.

The user has the option to print the application, hand sign the printed document and mail the signed application to NYSIF for completion of processing.

After selecting Continue, the document will be clearly visible. Click on START or the Sign box.

The screen will again gray out the document, and a pop-up box will open. The user must enter their full name in the corresponding field. DocuSign will convert the name into a signature. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created the user must click on **ADOPT AND SIGN** to electronically sign the document. DocuSign will insert the signature into the application document.

After the electronic signature appears on the image of the application, and all other information appears to be correct, the user must click the yellow FINISH button at the top.

Once DocuSign is completed and accepted, a confirmation message will be displayed. No further action is required from the user at this time. The user may click the Go Back button to return to Direct Deposit Account Management.

Managing Your Direct Deposit Account

Whether a user signed up for direct deposit electronically or by paper, they will have the ability to manage their direct deposit information by logging into their online account. Online, users will be able to update bank account information, unsubscribe or reinstate their direct deposit.

Please note if an application is mailed to NYSIF, the changes will not become effective until the application is both received and processed by NYSIF staff. Payments will continue to be sent to the bank account on file in the interim. To stop payments from being sent to the previous bank account on file, users should complete the Unsubscribe process.

Update Direct Deposit Information

To update the mailing address, notification email address or bank account information for a provider enrolled in direct deposit, choose "Enroll/Manage Direct Deposit" from the Medical Provider home page.

Click **Manage Account** on NYSIF's Online Direct Deposit – Account Management page.

NYSIF's Online Direct Deposit - Account Management

You are currently signed up for direct deposit.

To unsubscribe click the following link: Unsubscribe
To manage this account click the following link: Manage Account

This will bring the user to **NYSIF's Online Direct Deposit – Update Account Information** page.

You can update your mailing address, email address for payment notifications or bank account information.

Please note any changes to bank account information will require another signed application. Changes will not be saved until an electronic signature is provided or a paper application is mailed to NYSIF. Clicking Submit will bring the user to DocuSign. After the submitted updates have been electronically signed in DocuSign, the user will see a confirmation message and receive a confirmation email.

NYSIF's Online Direct Deposit - Update Account Information

Please make the necessary changes below and click the submit button.
If you are making a change to banking information you will be redirected to the website of DocuSign for authentication, signature and completion of this document.

Direct Deposit Applicant:
JOHN DOCTOR
Company Name:
ORTHO TESTING INC.
*Title

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*Day Phone

Night Phone

*Email Address

*Direct Deposit Account Type
Checking

*Name Of Financial Institution
abc

*Account Number
1236

*Re-enter Account Number
1236

*Routing Number
123456789

*Re-enter Routing Number
123456789

Submit

Unsubscribe Direct Deposit

To remove your provider payments from direct deposit, click the Unsubscribe button from **NYSIF's Online Direct Deposit – Account Management page.**

NYSIF's Online Direct Deposit - Account Management

You are currently signed up for direct deposit.

To unsubscribe click the following link: Unsubscribe
To manage this account click the following link: Manage Account

This will bring the user to NYSIF's Online Direct Deposit – Unsubscribe page. Verify the user and provider information. Click Submit.

NYSIF Direct Deposit - Unsubscribe

Please complete the form below to unsubscribe from direct deposit.
Please note, it may take another cycle of payments to stop this transaction.

*First Name

John

*Last Name

Doctor

Payee Number

0011223344

*Address Line 1

Address Line 2

*City

*State

*Zip Code

Submit

After the unsubscribe process has been completed, a confirmation message will display, and an email will be sent to the master account holder.

NYSIF's Online Direct Deposit - Unsubscribe

You have successfully unsubscribed from direct deposit. To return to direct deposit account management click here: Go Back