Before enrolling in direct deposit, you will need to create a NYSIF online customer account.

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*Updated to include additional screenshots. Functionality of enrollment has not changed.
Medical Provider Landing Page; Enroll in Direct Deposit

Upon logging in, the user will be presented with all available online services.

From here, 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 this function using the draft number provided in the payment notification email.)
- Find a Claim Number
- Add or delete a Third-Party Biller
- Enroll in direct deposit

To sign up for direct deposit, click the Enroll/Manage Direct Deposit link.

- The Login utilized for direct deposit must be the parent (or “master”) medical provider online account.
- Medical providers outside the US must mail in 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.
Contact Information for Medical Providers

After clicking the Enroll/Manage Direct Deposit link, the Direct Deposit Sign Up – Contact Information screen will be displayed. On the Contact Information screen, the parent account holder’s name and the medical provider’s payee number will be pre-populated from account creation. These fields will be read only. Information for all other required fields must be entered to proceed.

- **Title** refers to the position of the user completing enrollment within the organization.
- **Address Line 1** must be the HOME address of the user completing enrollment. This information will be used to verify your identity during the electronic signing process. The field will not accept PO boxes including APO and FPO addresses.
- **Address Line 2** is optional and can be left blank.
- **City** is a required field.
- **State** is a drop-down menu built on accepted two character acronyms. Typing a character will move the drop down to that letter in the menu.
- **Zip Code** will only accept a five-digit postal code and not a plus-four postal code.
- **Day Phone** is required. The field will accept 10 numeric characters (no dashes).
- **Night Phone** is optional.
- **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 parent account holder email address. Only the email address entered here will receive payment notifications. To reconcile EOBs, please use the draft number provided to you in the payment notification email to “Search Payments by Check Number.”

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.
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.
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 **Routing Number** is a nine-digit number that will appear on the bottom of all checks. The Routing Number identifies the financial institution.
- The **Account Number** must be between 4 and 16 characters and must be all numeric.

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.
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.

![Pop-up message](image)

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 page](image)

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 landing page.

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

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.
Unsubscribe Direct Deposit

To remove a claim from direct deposit, click the Unsubscribe button from NYSIF’s Online Direct Deposit – Account Management page.

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

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