



# **NYSIF DIRECT DEPOSIT USER GUIDE**

## **MEDICAL PROVIDERS**

### **Updated: JUNE 21, 2017\***

## **V.1**

**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.

**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.

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.

Please read this [User's Guide](#) carefully before using the Medical Payee Portal for the first time.

### Medical Payee Menu

- [Search Payments By Claim Number](#)
- [Search Payments By Check Number](#)
- [Find a Claim Number](#)

### Direct Deposit

[Enroll/Manage Direct Deposit](#)

Please note that only the parent account for the medical payee can enroll the payee in direct deposit. A child account or third party biller cannot register for direct deposit.

[Direct Deposit User Guide](#)

Add Third Party Biller

(\*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. You can always delete existing one or link a new Biller.

Name	Unique Id	Manage
BILLER LASTNAME	15F473	<a href="#">Delete</a>
MARIA RAMIREZ	161091	<a href="#">Delete</a>

- 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."

### Direct Deposit Sign Up - Contact Information

To receive direct deposit of benefits, please fill out form below.

NYSIF is asking for your home address, which will be used to verify your identity when you are ready to submit your application. NYSIF will transmit your application to our eSignature vendor, DocuSign, to validate your information. Please note that this information is for verification purposes and will not change or update the mailing address NYSIF has on file for the medical payee. To fill out a paper version of this application [click here](#).

*First Name	TEST
*Last Name	PAYEE
*Title	DR.
*Address Line 1	9876 MAIN STREET
Address Line 2	
*City	COLUMBUS
*State	OH
*Zip Code	44039
*Day Phone	111-222-3333
Night Phone	
*Email Address	jnysif@nysif.com
Payee Number	001122334

Submit

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.

Address Line 2

\*City

\*State

\*Zip Code

\*Day Phone

Night Phone

\*Email Address

Payee Number

[Accessibility](#) [Privacy Policy](#) [Terms](#)

## 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.

### Direct Deposit Sign Up - Financial Institution Information

To receive direct deposit of benefits, please fill out form below.

\*Direct Deposit Account Type

Checking

\*Name Of Financial Institution

Test Bank

\*Routing Number

456456444

\*Re-enter Routing Number

456456444

\*Account Number

123654

\*Re-enter Account Number

123654

SAMPLE CHECK

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE 123

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**

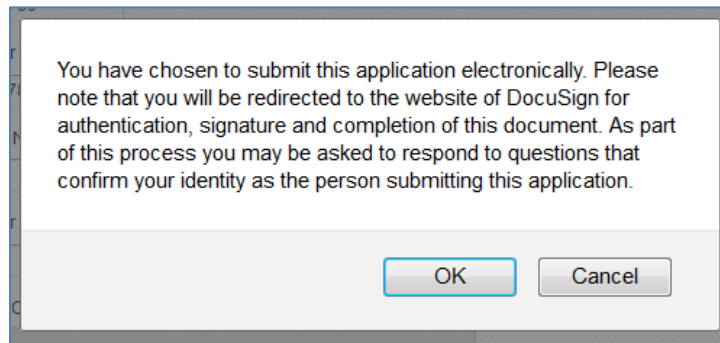
IN SIGNING THIS FORM, I CERTIFY THAT I HAVE THE LEGAL AUTHORITY TO (1) AUTHORIZE THE USE AND RECEIPT OF DIRECT DEPOSITS ON BEHALF OF THE MEDICAL PAYEE/SUPPLIER, AND (2) DESIGNATE THE ABOVE FINANCIAL ACCOUNT. IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE SENT TO THE 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.**



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.

 **Electronic Signature**  
New York State Insurance Fund

**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.

**Which of the following addresses have you ever been associated with?**

☐ 1011 Central Avenue    ☐ 12 Devonshire Terrace  
☐    ☐ 542 Robinson Terrace  
☐    ☐ I have never been associated with any of these addresses

**In which of the following counties have you ever lived or owned property?**

☐ Hudson, New Jersey    ☐    ☐ Morris, New Jersey    ☐    ☐ Orange, California    ☐ I have never lived in any of these counties

**Which of the following street addresses in 'Howell' have you ever lived at or been associated with?**

☐ 10 Peacock Place    ☐ 34 Fleetwood Place  
☐ 106 Oneida Avenue    ☐ 6 Strawberry Hill Court  
☐ 14 Canterbury Drive    ☐ None of the above or I am not familiar with this property

**Which of the following addresses have you ever been associated with?**

☐ 10 East Union Street    ☐    ☐ 106 Oneida Avenue    ☐    ☐ 21 Farragut Square    ☐ I have never been associated with any of these addresses

**Which of the following vehicles have you ever owned or leased?**

☐ 2000 Ford Explorer XLS    ☐ 2006  
☐ 2002 Toyota Corolla    ☐ 2008 Chevrolet Silverado  
☐ 2003 Chrysler Town & Country LX    ☐ I have never been associated with any of these vehicles

**Based on your background, in what county is '1205 Virginia Avenue'?**

☐ Franklin    ☐ Schuylar  
☐ Monroe    ☐ Suffolk  
☐ Saratoga    ☐ I have never been associated with this address

After successfully answering the questions on the ID Check, the user will advance through DocuSign.

Please read the [Electronic Records and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

DocuSign Envelope ID: 3CDFB876-810A-42EE-82D4-682038

**NEW YORK STATE INSURANCE FUND**

TO RECEIVE DIRECT DEPOSIT OF BENEFITS  
INFORMATION IN SECTION II, CALL 1-888-

**BUSINESS NAME:**

**CONTINUE** **OTHER ACTIONS ▾**

- Finish Later
- Print & Sign
- Decline to Sign
- Help & Support [↗](#)
- About DocuSign [↗](#)
- View History
- View Certificate (PDF) [↗](#)
- View Electronic Record and Signature Disclosure

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.

DocuSign Envelope ID: D07987A0-4CFA-4351-B56C-B401D945BA58

**NEW YORK STATE INSURANCE FUND** **DIRECT DEPOSIT AUTHORIZATION APPLICATION**

TO RECEIVE DIRECT DEPOSIT OF BENEFITS, READ SECTION I OF THIS FORM, THEN PROVIDE THE REQUESTED INFORMATION IN SECTION II. CALL 1-888-875-5790 FOR QUESTIONS ABOUT THIS FORM.

**SECTION II**

**BUSINESS NAME:** CAPITAL REGION DOCTORS, INC. **FEIN:** 00000007

**BUSINESS ADDRESS (DO NOT USE PO BOX):** 123 MAIN STREET

**CITY:** NEW YORK **STATE:** NY **ZIP CODE:** 00000

**E-MAIL ADDRESS:** TESTING@TESTING.COM

**PHONE (DAY):** (544) 444-4444 **PHONE (NIGHT):**

**DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE):** ☒ CHECKING ☐ SAVINGS

(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)

**NAME OF FINANCIAL INSTITUTION:** QWE

**ROUTING #** 123456789 **ACCOUNT #** 1234

**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 ME TO RECEIVE PAYMENT FROM NYSIF HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS **HAS** CHANGED, I MUST NOTIFY NYSIF.

**SIGNATURE:**  **DATE:** 06-21-2017

**PRINT NAME:** John Tester **TITLE:** Dr

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.

DocuSign Envelope ID: 42A32D15-D575-4656-B224-35610958D82B

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200

**NEW YORK STATE INSURANCE FUND DIRECT DEPOSIT AUTHORIZATION APPLICATION**

TO RECEIVE DIRECT DEPOSIT OF BENEFITS, READ SECTION I OF THIS FORM, THEN PROVIDE THE REQUESTED INFORMATION IN SECTION II. CALL 1-888-875-5790 FOR QUESTIONS ABOUT THIS FORM.

**SECTION II**

<b>BUSINESS NAME:</b>	<b>FEIN:</b>
CAPITAL REGION DOCTORS, INC.	0000007
<b>BUSINESS ADDRESS (DO NOT USE PO BOX):</b> 123 MAIN STREET	
<b>CITY:</b> NEW YORK	<b>STATE:</b> NY <b>ZIP CODE:</b> 00000
<b>E-MAIL ADDRESS:</b> TESTING@TESTING.COM	
<b>PHONE (DAY):</b> (544) 444-4444	<b>PHONE (NIGHT):</b>
<b>DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE):</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)	
<b>NAME OF FINANCIAL INSTITUTION:</b> QWE	
<b>ROUTING #</b> 123456789	<b>ACCOUNT #</b> 1234

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**SIGNATURE:** John Tester **DATE:** 06-21-2017

**PRINT NAME:** John Tester **TITLE:** Dr.

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.

**Direct Deposit Sign Up - Confirmation**

Thank you for enrolling for NYSIF direct deposit. You will receive a confirmation email of enrollment within 24 hours.

Please note it may take at least one more payment cycle before you begin receiving payments through NYSIF direct deposit.

Thank You.

To return to direct deposit account management click here: [Go Back](#)

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.

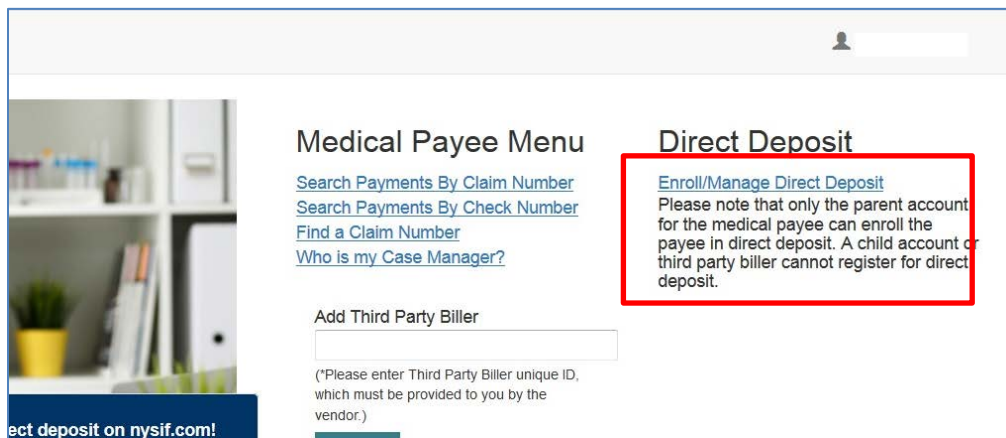
## Managing Your Direct Deposit Account

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.

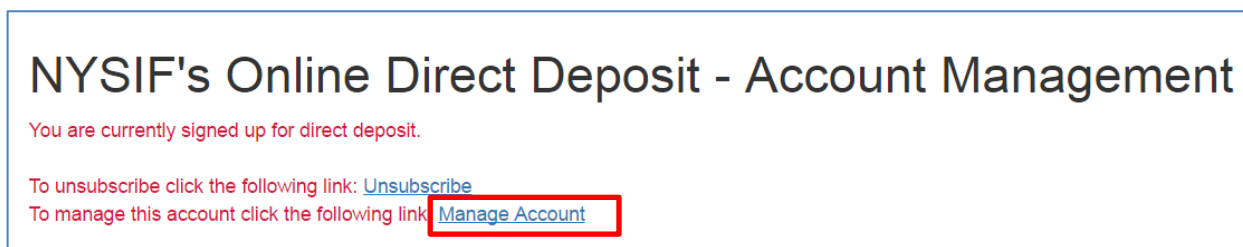
Please note if an application is mailed to NYSIF, the changes will not become effective until the application is both received and processed by NYSIF staff. Payments will continue to be sent to the bank account on file in the interim. To stop payments from being sent to the previous bank account on file,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

## 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

Company Name:

IND MED SUPPLY

\*Title

\*Address Line 1

1234 Main Street

Address Line 2

\*City

N RIDGEVILLE

\*State

OH ▾

\*Zip Code

44039

\*Day Phone

5185551111

Night Phone

\*Email Address

jnysif@nysif.com

\*Direct Deposit Account Type

Checking ▾

\*Name Of Financial Institution

abc

\*Account Number

123654

\*Re-enter Account Number

123654

\*Routing Number

123456789

\*Re-enter Routing Number

123456789

Submit

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 Messaging

Your Direct Deposit account information has been updated. [Go Back To Account Management](#)

## Unsubscribe Direct Deposit

To remove a claim 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's Online 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.

\* Your First Name ⓘ

John

Your Middle Initial

\* Your Last Name ⓘ

Tester

Payee Number

1

\*Address Line 1

PO BOX 28687

Address Line 2

\*City

NEW YORK

\*State

NY ▾

\*Zip Code

10087

Submit

After the unsubscribe process has been completed, a confirmation message will display and an email will be sent to the parent 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](#)