

Automatic Draft of Monthly ASC Balances

Account number

City, State, ZIP code _____

I authorize Delta Dental of Virginia to deduct monthly administration fees and claims payments from the account below.

Bank name

Transit/ABA number

The debit entry will be initiated on the last Monday of the month for the prior month's administrative fees and claims reimbursement. If the Monday that the deduction is scheduled to occur is a holiday, the draft will be completed the following business day. This authorization will remain in effect until Delta Dental of Virginia receives written notification to terminate monthly payments by bank draft. Written notification must be received by Delta Dental of Virginia thirty (30) days prior to the monthly draft discontinuation effective date.

ATTACH A VOIDED CHECK HERE



Instructions for Automatic Draft

In order to participate in the automatic draft program, an authorization form <u>must</u> be signed allowing us to draft your company's account. Complete and submit the attached form, along with a voided check, made payable to Delta Dental of Virginia, via fax or email to:

Fax: 540-776-8109

Email: billing@deltadentalva.com

If you do not have access to fax or email, then mail the form to the following:

Delta Dental of Virginia Attention: Billing and Eligibility Department 4818 Starkey Road Roanoke, VA 24018

The debit entry will be initiated on the last Monday of the month for the prior month's administrative fees and claims reimbursement. Once the authorization form is received and your account is set up, the first draft may be a test of the account information. Delta Dental will contact you if we cannot successfully execute this process.

If you provide a Company ID to your financial institution for drafts to be completed, **note that the** Company ID for Delta Dental of Virginia is 4540844477.

Contact Billing and Eligibility at 800-237-6060 if you have questions.