

# FIRST SUN EAP PROVIDER PAYMENT CHECKLIST

*This information is necessary for First Sun EAP to create an accurate contract.*

## W-9 STATUS

As a provider with First Sun EAP we will either consider you an individual provider or a group practice. Below are the descriptions of each. Please indicate which most correctly describes you so that we can assure your contract is correct and allow for proper accounting.

### INDIVIDUAL PROVIDER

- (a) You wish to receive checks from First Sun EAP made out to you and you use your name and social security number to identify yourself on your bank account, **OR**
- (b) You wish to receive checks from First Sun EAP made payable to your company and you use the company name and company business EIN on your bank account.

### GROUP PRACTICE

You wish to receive checks made out to the practice and the practice will deposit the money in the practice account that goes by the company name and the company EIN. The company will then make payments to you.

1. Make checks payable to: \_\_\_\_\_
2. Please use my Social Security Number as this is on my back account.

Social Security Number \_\_\_\_\_

### OR

Please use my business EIN as this is on my bank account or because my company gets First Sun EAP payments and then pays me in turn.

EIN # \_\_\_\_\_

### HIPPA PRIVACY RULE COMPLIANCE

If you as an individual provider are, or your group practice is a "Covered Entity" under the HIPAA Privacy Rule, then please check the line below. If not, we will need you to sign a Business Associate Agreement with us in order for us to contract with you. This contract will be sent to you with the Network Provider Letter of Agreement. I am, or my group practice, is compliant with the HIPAA Privacy Rule \_\_\_\_\_.

### NAME

We will need to know the name you wish us to use. If you are an individual provider then simply write your name and credentials. If you are a group practice, then write the name of the person who will sign on behalf of all the participating clinicians, along with that person's title. If you are a group practice and wish us to refer to an Intake person rather than referring to each clinician individually (this is not typical but some practices do this), then also write the name and contact information of the Intake person.

Name and credentials of person signing the contract. \_\_\_\_\_

Name, credentials and phone number of Intake person (if applicable). \_\_\_\_\_

**ADDRESS** Be sure to give us the address you want checks mailed to on the W-9 tax form. If this is different from the office address where you see clients, we will also need to get the office address.

Mail checks to:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My office address is:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_