

Electronic Billing Registration Form



Completion of this form provides users with access to CalCPA Health's online electronic billing system, Certifi William, where monthly invoices and payment history may be viewed for the firm listed below. Completed forms may be emailed or faxed to Banyan Administrators for processing.

Client Code: _____

Firm Name: _____

Please provide contact information for the HR professionals requiring online access to the Certifi William Billing system. Upon processing, Banyan Administrators will provide login credentials and instructions to each specified user via email.

Name	Email	Title
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Name	Email	Title
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Please choose one option:

I would like to enroll in paperless billing. A notification will be sent out each month when your firms' monthly invoice is available to view. System parameters allow only ONE email address per firm to receive the invoice notification. The preferred email for your firm is: _____

TIP: To allow multiple users access to the invoice notification, we recommend creating a group email address (e.g. admin@firmname.com).

I would like to start/continue receiving a paper copy of the firm's monthly invoices via mail.

Brokered Firms:

As the employer, I agree to allow our broker online access to the firm's billing records.

By signing below, I understand and agree to the following:

1. The users listed above have the appropriate clearance established by the employer to have access to confidential billing and payment information.
2. User IDs and passwords issued are confidential and specific to each user. User IDs and associated passwords are not to be shared or transferred to anyone. The employer is responsible for notifying Banyan Administrators immediately when a user is either terminated or should no longer have access to the Electronic Billing system. Recertification requests will be sent to the firm on a semiannual basis.
3. I understand that it is our responsibility to view our groups' invoice each month and remit payment by the due date. Coverage will be terminated if payment is not received within the accepted grace period.

Printed Name	Title
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Signature	Date
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Banyan Administrators, Managers for CalCPA Health
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