unum | Dental HMO Plan

Please send to:
10700 Civic Center Dr. Ste 100-A
Rancho Cucamonga, CA 91730
Or via fax to: (909) 483-5351

AUTHORIZATION AGREEMENT

For Automatic Provider Claims Check Deposits (ACH Credits)

Return completed form via fax **(909) 483-5351** or mail to the address above.

Provider Information

Provider Name:	Provider Number:
Dental Office Name:	Tax ID Number:

Please check one:

☐ **ADD** (New ACH Participant)

☐ **CHANGE** (Financial Institution and/or Account #)

☐ **DELETE** (Cancel Participation in the Program)

Note for new provider participants:

Due to the time required for Unum to complete the set-up, please allow one or two cycles for processing. You will receive a regular paper check until the change can be processed.

I hereby authorize Unum, hereinafter called COMPANY, and its affiliates, assignees, parent company, or subsidiaries, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Financial Information

Depository Financial Institution:			
Branch:	City:	State:	Zip code:
Transition Routing Numbers:	Account Number Information:	☐ Checking ☐ Savings	

This authority is to remain in full force and effect until COMPANY has received written notication from me or an authorized representative of the provider, of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please attach a voided check or deposit slip for account validation. By signing below, I indicate that I am a duly authorized representative of the provider, with the authority to enter into this agreement.

Authorized Representative

Name of Authorized Representative:	Title:		
Provider address:	City:	State:	Zip code:

Authorized Signature: _____ **Print Name:**_____ **Date:** _____

THIS FORM IS TO BE RETAINED BY STARMOUNT MANAGED HEALTH CARE OF CALIFORNIA, INC. DBA UNUM DENTAL HMO PLAN AND PLACED IN THE PROVIDER'S FILE AS A MATTER OF RECORD.

Dental benefits provided by Starmount Managed Dental of California, Inc. dba Unum Dental HMO Plan.