

Changing Broker Demographic and Banking Details For the Broker Portal



Quick Reference Guide

Description

The steps below guide brokers on how to change their demographic and banking details.

When should I use this QRG?

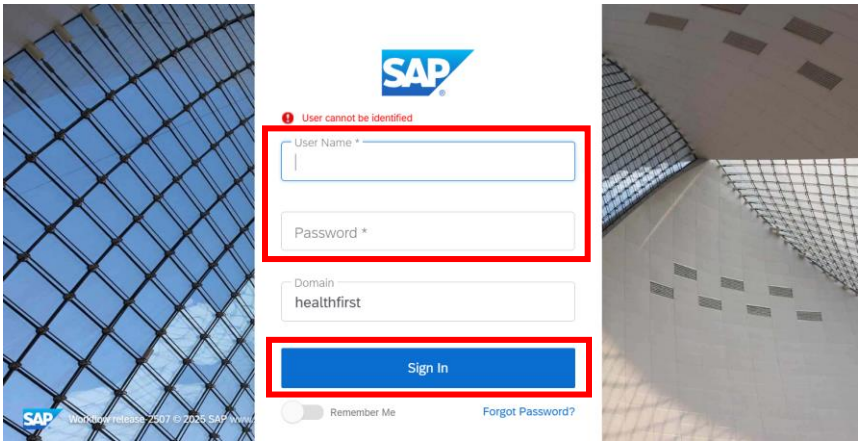
Brokers should use this guide when they need to make change to their demographics (name or address) or banking details (change bank account information or payment method).

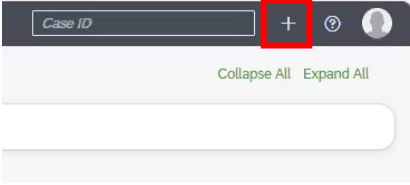
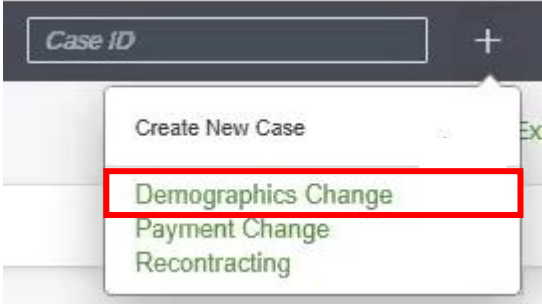
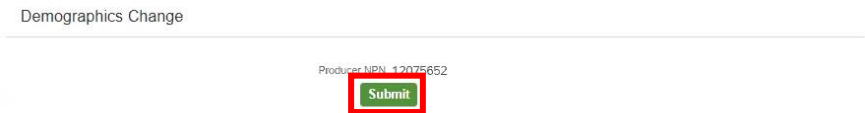
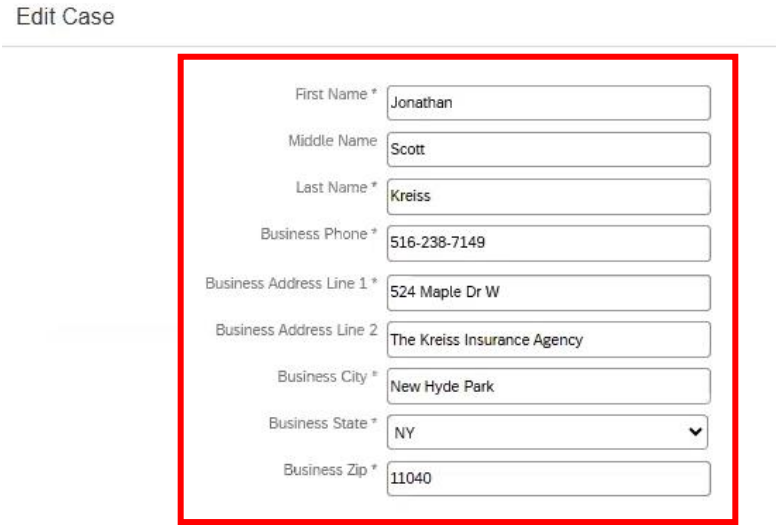
User Groups: Brokers

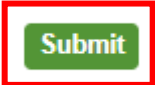
Use the quick links below to complete each task:

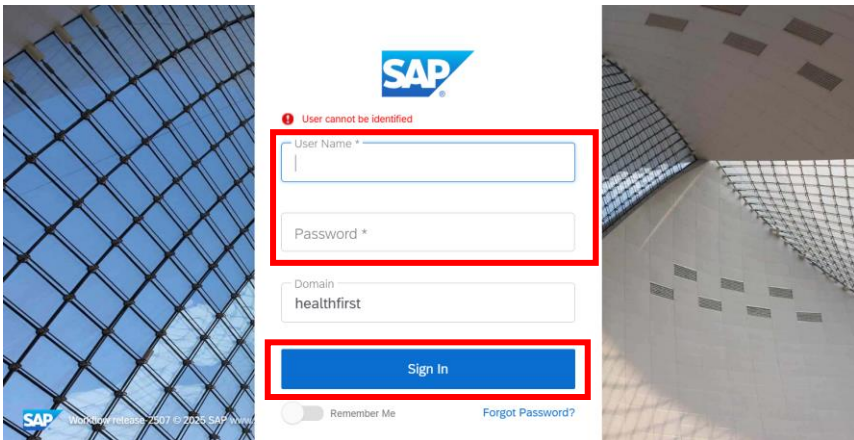
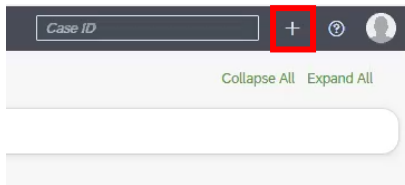
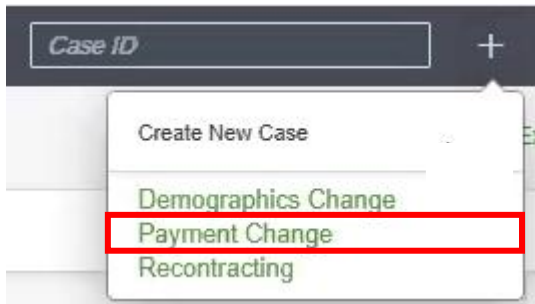
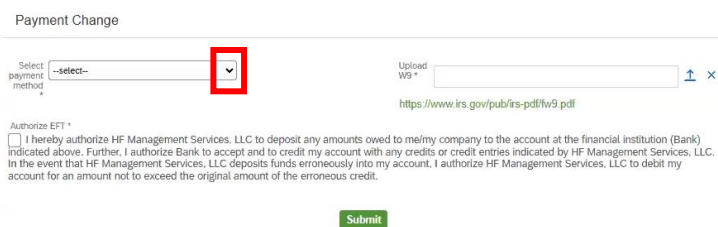
[Change Broker Demographic Details](#)

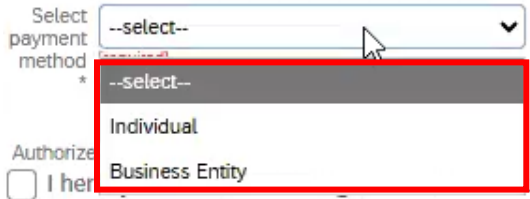
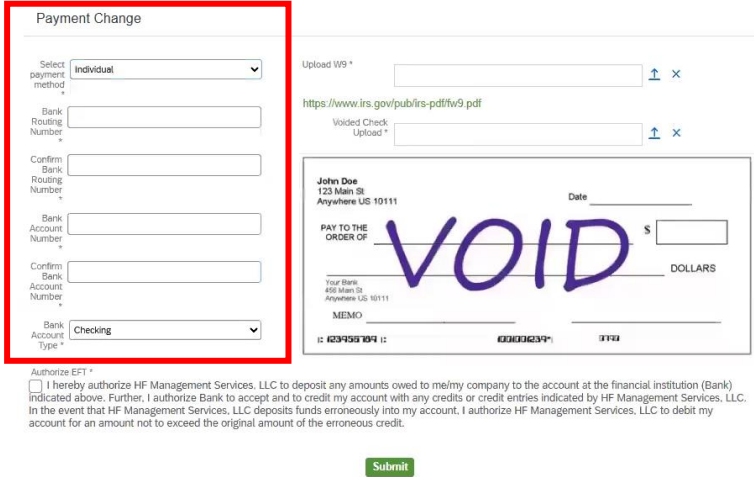
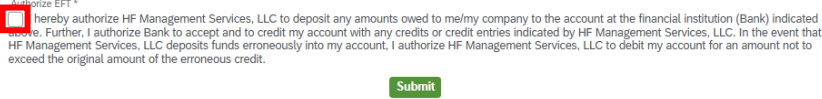
[Change Broker Banking Details](#)

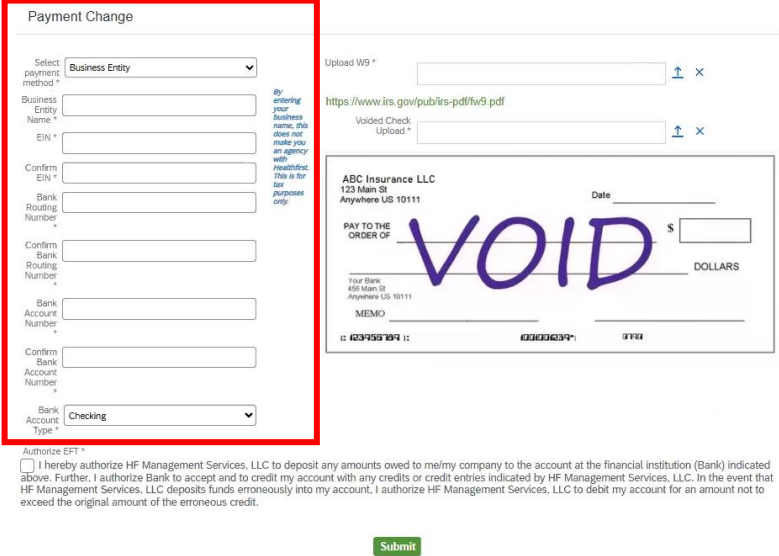
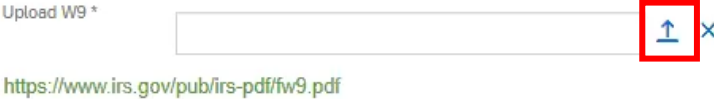
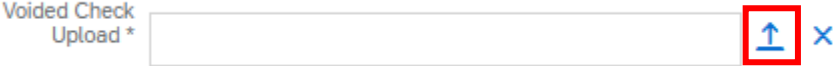
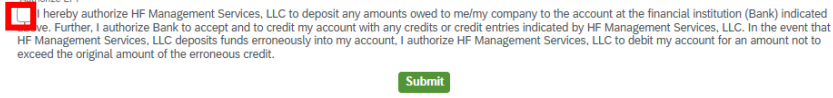
Step	Action	Screen Reference
Changing Broker Demographic Details		
1	To begin, use the link below to log in to the application. Workflow » Login Page - Enter your Username - Enter your Password - Click the Sign In button	

2	When the application opens, click the + Plus Sign in the upper right corner.	
3	From the drop-down, click Demographics Change.	
4	When the new window opens to display your Producer NPN number, click Submit.	
5	All your demographic information will appear on this screen. You can edit all fields, including: • Name • Business Phone • Address To make an edit, click inside any field and enter the new information.	

6	Note: If you are making a name change, an additional required field will appear on the screen asking you to upload a copy of your W-9. Click the up arrow to upload the W-9.	
7	Once you complete the required information, click Submit.	
8	Updated demographic information will appear on the confirmation screen. Verify all changes were captured. Note: If you don't see changes made, please repeat the steps and ensure that you click 'submit' at the end.	
Process Complete		

Changing Broker Banking Details		
Step	Action	Screen Reference
1	To begin, use the link below to log in to the application. Workflow » Login Page - Enter your Username - Enter your Password - Click the Sign In button	
2	When the application opens, click the + Plus Sign in the upper right corner.	
3	From the drop-down, click Payment Change .	
4	At <i>Select Payment Method</i> , click the down arrow .	

5	From the drop-down select Individual or Business Entity. Note: This selection will determine if you will be paid as an Individual or Business Entity.	
6	If you select 'Individual' as your payment method, the system will show relevant fields for you to populate. These will include: • Bank Routing Number • Bank Account Number • Bank Account Type Enter the new banking details into the fields.	
6a	Click the up arrow to upload the W-9.	
6b	Click the up arrow to upload a voided check.	
6c	At <i>Authorize EFT</i> , click the box to authorize Healthfirst to credit the new account.	
6d	Then click Submit . A confirmation screen showing the new payment details will appear.	

7	If you select 'Business Entity' as your payment method, the system will show relevant fields for you to populate. These will include: • Business Entity Name • EIN • Bank Routing Number • Bank Account Number • Bank Account Type Enter the new banking details into the fields.	 Payment Change Select payment method * Business Entity Business Entity Name * EIN * Confirm EIN * Bank Routing Number * Confirm Bank Routing Number * Bank Account Number * Confirm Bank Account Number * Bank Account Type * Checking Upload W9 *   https://www.irs.gov/pub/irs-pdf/fw9.pdf Voided Check Upload *   ABC Insurance LLC 123 Main St Anywhere US 10111 Date PAY TO THE ORDER OF VOID \$ DOLLARS Your Bank 456 Main St Anywhere US 10111 MEMO IC 423456789 IC 432109876 Authorize EFT * ☐ I hereby authorize HF Management Services, LLC to deposit any amounts owed to me/my company to the account at the financial institution (Bank) indicated above. Further, I authorize Bank to accept and to credit my account with any credits or credit entries indicated by HF Management Services, LLC. In the event that HF Management Services, LLC deposits funds erroneously into my account, I authorize HF Management Services, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit. Submit
7a	Click the up arrow to upload the W-9.	 Upload W9 *   https://www.irs.gov/pub/irs-pdf/fw9.pdf
7b	Click the up arrow to upload a voided check.	 Voided Check Upload *  
7c	At <i>Authorize EFT</i> , click the box to authorize Healthfirst to credit the new account.	 Authorize EFT * ☐ I hereby authorize HF Management Services, LLC to deposit any amounts owed to me/my company to the account at the financial institution (Bank) indicated above. Further, I authorize Bank to accept and to credit my account with any credits or credit entries indicated by HF Management Services, LLC. In the event that HF Management Services, LLC deposits funds erroneously into my account, I authorize HF Management Services, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit. Submit
7d	Then click Submit . A confirmation screen showing the new payment details will appear.	 Authorize EFT * ☐ I hereby authorize HF Management Services, LLC to deposit any amounts owed to me/my company to the account at the financial institution (Bank) indicated above. Further, I authorize Bank to accept and to credit my account with any credits or credit entries indicated by HF Management Services, LLC. In the event that HF Management Services, LLC deposits funds erroneously into my account, I authorize HF Management Services, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit. Submit
Process Complete		

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This communication is for broker/agent reference only and not intended for distribution to Medicare beneficiaries.