

Save time and money



Go DIRECT DEPOSIT and Get Your Money Faster!

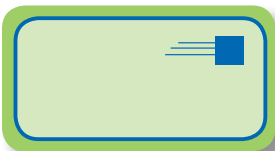
Receive your DHMO capitation payments up to one week before you'd receive them in the mail through direct deposit. That means fewer trips to the bank. If you'd like to sign up for direct deposit, simply fill out the form on the back and fax it to the number provided.



Get your DHMO eligibility listings online too

If you've registered, simply login with your password at www.mycompbenefits.com and you can see them a week before they arrive in the mail. If you haven't registered, it's quick and easy to do so.

Your DHMO eligibility listings are available online in PDF format. You can save them to your computer, which means less paper lying around. Also, you can use the search function in the PDF to find eligible members faster!



Go PAPERLESS

We now offer the ability to go paperless. If you don't want to receive a paper Eligibility Listing or payment from us, just let us know and you'll get your listings online! E-mail us at cbcappcomm@humana.com or call **1-800-342-5209**. When prompted, choose option 2, then option 5. You'll need to have direct deposit. After that, we won't mail you a package with the eligibility listing or payment. It's that simple!

HUMANA®

Capitation Direct Deposit Authorization

One week before the first business day of each month, when payment is due, we'll send a direct deposit slip. Your payment already will be deposited into your account. To enroll, simply complete this form and return it to our office with a copy of a voided check. This payment can be deposited either to your checking or savings account. The amount deposited also will appear on your bank statement. **Deposits are strictly confidential.**

I authorize Humana Specialty Benefits to credit my account with the depository named below:

Provider name:		Federal tax ID # :
Practice name:		Facility # :
Name of contact person (Please print):	Telephone:	E-mail address:
FINANCIAL INSTITUTION INFORMATION		
Financial institution name:		Telephone:
Address:		
City:	State:	ZIP code:
Account type: checking or savings	Account #:	Routing #:

Signature (authorized representative)

Date

Print name

Telephone

Please fax or mail the authorization form with a copy of a voided check to:

Fax: 904-376-8230
or
Humana Specialty Benefits
Attention: Network Administration
1100 Employers Blvd.
Green Bay, WI 54344

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