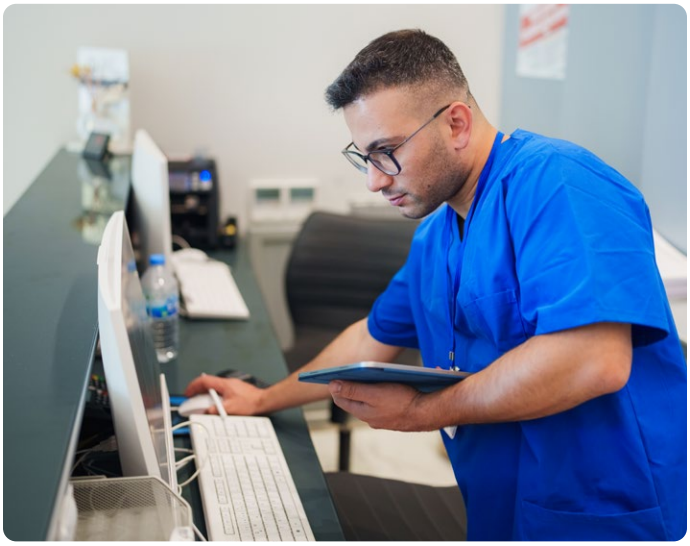
NextGen Patient Pay Order Form & Merchant Application Checklist

Here is a checklist of all the information you will be asked to provide for your merchant application. Within 24 hours of submitting your signed **NextGen® Patient Pay powered by InstaMed** contract, InstaMed will contact you to schedule your Merchant Application call. If you have everything on this list, you will be able to complete your merchant application in that 10-minute call. If you have any questions regarding this checklist, please direct them to InstaMed.

Prerequisites

To get started, collect:

- Legal name and Tax ID for the organization – this can be found on your IRS TIN Letter
- Organization Billing NPI- this is typically a Type 2/ Group NPI associated with billing
- Date of birth and social security numbers of any individuals with 25% or more ownership of the business
- Tax ID of any entity with a 25% or more ownership in the business
- Banking Information for all relevant depository and/or fee accounts



NextGen Patient Pay Order Form

Page 1: Pricing

- ☐ Review and confirm pricing, selected solutions and device items.

Page 2: Contact & Bank Account Information

- ☐ All primary contact info is filled out complete
- ☐ Billing Address is populated (this should be your Accounts Payable address)
- ☐ Bank name, routing and account number are filled in completely

Page 3: Authorization

- ☐ All fields are filled in and signature is dated
- ☐ If signature is electronic, Adobe watermark must be visible
- ☐ Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot contain initials/nicknames – must be legal name of individual

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NextGen Patient Pay Merchant Application

Page 4: Customer Information

- ☐ All fields are filled in
- ☐ Legal name matches IRS TIN letter. Include your type of organization. Examples: LLC, Ltd, etc.
- ☐ Addresses listed (corporate and physical) are not a PO box/ mailing address.
- ☐ TIN matches page 2
- ☐ Description of business, please detail the nature of business
- ☐ Both areas of authorization are signed and dated by the same individual(s). Printed name and title are also required.
- ☐ If signatures are electronic, Adobe watermark must be visible
- ☐ Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot containinitials/nicknames – must be legal name of individual

Page 5: Merchant Information

- ☐ If volume is over $1M annually, please provide a copy of your most recent, audited Financials
- ☐ If ownership type is Non-Profit, please provide a copy of your IRS 501c3 letter and financials
- ☐ If bankruptcy box is “yes”, complete the additional related fields

Page 6: Ownership/Controller Certification - Individual

- ☐ Ownership Certification section is completed in full, identifying any person and/or non-individual that has 25% or more ownership
- ☐ If a Public Corp or Trust owns more than 25% (as identified by Question 2), please complete appropriate addendum
- ☐ If Beneficial Owner and Controller Certification is the same information, both sections must be completed in full by the signer of the Merchant Application
- ☐ Addresses cannot be PO boxes or mailing addresses
- ☐ Authorized signer must be an employee of the merchant. Third Party signer not supported
- ☐ Signature cannot contain initials/nicknames – must be legal first name and legal last name of individual
- ☐ Once this page is submitted, no corrections to the page can be accepted

Page 7: Personal Guaranty

- ☐ Personal Guaranty is only required if organization is a sole proprietorship
- ☐ Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot contain initials/nicknames – must be legal name of individual

Additional Forms By Ownership Type

- ☐ If a Public Corp or Trust owns more than 25% of the legal entity, please complete Non-Individual addendum

Acceptable Documentation

If documentation is required/requested for your enrollment, all documentation must be valid, unexpired and provided in their entirety.

Talk to an expert today.

Partner with us at 855-510-6398 or results@nextgen.com

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