

## Secondary Payee Request Form

<b>Date of Request</b> _____	
<b>Requesting Provider Information</b>	
<b>Name</b>	
Provider Number	
FEIN / SSN	
Payment Address	

<b>Secondary Payee Information</b>	
<b>Name</b>	

I authorize the Idaho Department of Health and Welfare (IDHW) to update my Idaho Medicaid provider record to include the secondary payee name indicated above.

I understand that:

- Addition of a secondary payee to a provider's record requires payment from IDHW to be made by paper check rather than electronic funds transfer (EFT).
- Both the Medicaid provider's name and the secondary payee's name will be displayed or printed in all forums and media where provider information is used. This includes, but is not limited to payments, reports, correspondence, and the Idaho Medicaid Provider Directory, which will be available via the Internet.
- The Idaho Medicaid provider's name and/or the secondary payee's name will be abbreviated if necessary to fit within space available in IDHW database fields.
- After **July 12, 2010**, the secondary payee name will be removed from the Idaho Medicaid provider's record and payments to the provider from IDHW will revert from paper check to EFT, if EFT was the previous payment method.
- After restoring EFT, it may take up to 10 business days before the provider will receive electronic payment.

<b>Requesting Provider's Authorized Signature</b>		<b>Date</b>	
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<b>IDHW Approver</b>			
<b>Authorized Signature</b>		<b>Date</b>	

**ACCEPTANCE OF ASSIGNMENT  
OF  
VENDOR PAYMENT**

THIS ACCEPTANCE OF ASSIGNMENT OF VENDOR PAYMENT ("Agreement") is made as of the \_\_\_\_\_ day of \_\_\_\_\_ 2010 by and between the State of Idaho, Department of Health and Welfare ("IDHW"), \_\_\_\_\_ ("Lender") and \_\_\_\_\_ ("Vendor").

*RECITALS*

- A. Vendor has provided goods or services pursuant to an agreement with IDHW under the vendor number set forth below.
  
- B. IDHW has received a written assignment to Lender of payments due to Vendor from IDHW, which is attached hereto and incorporated herein by this reference.
  
- C. IDHW is willing to accept the assignment of payment pursuant to the terms of this Agreement.

**AGREEMENT**

NOW THEREFORE, in consideration of the foregoing recitals, which are incorporated herein as if set forth in full, and the mutual promises and covenants herein contained, the parties agree as follows:

1. IDHW will establish Lender as the payee for payments to Vendor under the vendor number set forth below through the processes established by the State of Idaho, Office of the Controller and Office of the Treasurer. Lender shall submit to the Department all information required by such processes to transfer payment to Lender.
  
2. Lender will notify IDHW in writing at least fourteen (14) days in advance of a reassignment of the Vendor as payee under such vendor number. Notice of reassignment shall be submitted to IDHW at the address for notices under section 4 of this Agreement.
  
3. Vendor and Lender hereby release, indemnify and hold harmless the State of Idaho and its agencies, officials and officers from all losses, claims, damages, liabilities and obligations, including attorney fees, arising out of, or related to, the establishment of Lender as payee for payments to Vendor or the reassignment of vendor payments to Vendor. Recourse for claims of payments made incorrectly to Vendor or to Lender by IDHW shall be solely between Vendor and Lender.
  
4. This Agreement shall be governed by, construed, and enforced in accordance with the laws of Idaho, without regard to its conflicts of law principles. Any notice given in connection with this Agreement shall be given in writing and shall be delivered either by hand or by certified mail, return receipt requested, to the parties at the addresses stated below. A party may change its address by giving notice of the change in accordance with this paragraph.

IN WITNESS WHEREOF, the parties have executed this agreement as of the effective date set forth above.

Department:

State of Idaho  
Department of Health and Welfare

State of Idaho

\_\_\_\_\_  
David Taylor  
Deputy Director of Support Services  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lender:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
By \_\_\_\_\_  
Its \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
By \_\_\_\_\_  
Its \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Vendor No. \_\_\_\_\_