Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3725-ENG 4-20

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

EFT Vendor Number Notification

MHCP providers must have an active 10-digit vendor number plus a 3-digit location number assigned from Minnesota Management & Budget (MMB) to receive electronic funds transfer (EFT). MHCP uses the MMB vendor number to pay providers for services rendered to MHCP members.

You can notify MHCP Provider Eligibility and Compliance of your vendor number for electronic funds transfers (EFTs) in the following ways:

1. Complete it electronically by using our online Minnesota Provider Screening and Enrollment (MPSE) portal.
   - New providers use: https://registration.dhs.mn.gov/dhs-self-service/
   - Existing MHCP enrolled providers, log in to your MN-ITS account. If you never registered your MN-ITS account, your login information is on your original "Welcome" Letter: https://mn-its.dhs.state.mn.us
2. Use this form to type or neatly print the requested information as completely as possible. Do not skip required fields. An incomplete form will delay processing this application. Fax this form to MHCP Provider Enrollment: 651-431-7462.

If you have questions about how MHCP may use and disclose private information about you, please see our Data Privacy Notice (DHS-6287) (PDF).

- Go to MMB Vendor Payment website and select Register for an Account and Register as a Supplier to get a vendor number and location number.
- Work with MMB to activate the vendor number for EFT.
- If you have questions whether your vendor number is active for direct deposit, call MMB at 651-201-8106.

Provider Information

PROVIDER NAME	National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI)		
PROVIDER STREET ADDRESS	CITY	STATE	ZIP CODE
10-DIGIT VENDOR NUMBER PLUS 3-DIGIT LOCATION NUMBER _____ – _____	9-DIGIT FEDERAL TAX ID/SOCIAL SECURITY NUMBER ASSOCIATED WITH VENDOR		

- I understand if this vendor number is not active for EFT, there will be delays in my MHCP payments until the vendor number is associated to an active bank account.
- I authorize MHCP to deposit payments for services rendered, by electronic funds transfer to the bank account associated to the vendor number listed above.

Contact Information

CONTACT NAME	PHONE NUMBER
EMAIL ADDRESS	FAX NUMBER
SIGNATURE	DATE

Fax this form to MHCP Provider Enrollment: 651-431-7462