



GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Electronic Funds Transfer (EFT) Authorization Form
Puerto Rico Medicaid Program

Instructions: Form to be completed only by Federally Qualified Health Center (FQHC) providers, Managed Care Organizations (MCOs), and Medicare Advantage Organizations (MAOs). The form must be completed in all its parts, signed and dated by the authorized representative of the entity. Signed by hand or validated electronic signature are required; typed-in signatures are not allowed.

FQHC: Form must be sent via Provider Secure Communications (PSC) portal

https://psc.prmis.pr.gov/.

MCO/MAO: Form must be sent via encrypted email to Gainwell FinCap Help Desk

prmmis_edi_support@gainwelltechnologies.com.

Form with sections: Type of Request, PROVIDER / MCO / MAO INFORMATION, FINANCIAL INSTITUTION INFORMATION, and AUTHORIZING SIGNATURE. Includes fields for business name, ID numbers, address, contact info, and account details.