



Montana Healthcare Programs Provider Notice

February 11, 2025

Informational

All Providers

EFT Authorization Agreement Updated

The Electronic Funds Transfer (EFT) Authorization Agreement form has been revised to provide clarification for providers on the address type accepted. Providers must include the street address, city, state and ZIP+4. A post office box address is not accepted.

In addition, a new option has been added in the Reason for Submission section. If you are submitting the EFT as part of your revalidation process, choose the Providing Current Information option and in the Reason for providing field, indicate Revalidation. Complete the form as applicable.

The revised EFT Authorization Agreement is posted on the [Forms page](#) of the Montana Healthcare Programs Provider Information website under the Forms D – F tab.

Contact and Website Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.