

# Direct Deposit Enrollment

Direct Deposit & Explanation of Benefits (EOB) Options 1 & 2 (Please select One option)

Option 1: Receive EOBs via the internet at [www.MetDental.com](http://www.MetDental.com)

Option 2: Receive EOBs via fax

By signing this form and mailing it back to MetLife, I hereby authorize MetLife to electronically deposit MetLife dental benefit reimbursements directly into the bank account listed below. Based on the above selection, MetLife will email or fax a confirmation of my application. I understand I must go to [www.MetDental.com](http://www.MetDental.com) for email notifications each time a new EOB is available. Once the election is effective, all EOBs including pre-treatment estimates will be delivered to me via [www.MetDental.com](http://www.MetDental.com) or by fax (based on the above selection) and no copy of an EOB will be sent by U.S. mail unless MetLife is unable to complete a fax transmission after multiple attempts. In this event, the EOB will be mailed to the address listed for the TIN below. MetLife has the right to terminate this agreement if a fax machine is not active or does not work after multiple attempts due to technical or human reasons.

If you selected the fax option, you agree to maintain all fax machines whose numbers are listed on this form in a secure area, not accessible by the general public, with appropriate safeguards in place to protect private information. No one who is not authorized to receive the EOBs will have access to them. The fax machine(s) will be able to receive faxed EOBs 24 hours per day. I am authorized on behalf of the other dentists in this practice to make this election.

Dentist Information (Please print or type)

Fax completed form to (800) 323-0334

## IMPORTANT: You must provide a copy of a voided check for the account

Legal Name	Tax Identification Number*	
Office Phone Number	Office Fax Number	Social Security Number
Bank Name	Bank Address	Account Type <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Checking</span> <span>Savings</span> </div>

## Please list any additional fax numbers and indicate the location for each fax number below

Office Fax Number	Tax Identification Number*	Street Address
City	State	Zip Code
Office Fax Number	Tax Identification Number*	Street Address
City	State	Zip Code

\*Any dentists falling under the Tax Identification Number provided above will receive their EOBs via fax or Internet at [www.MetDental.com](http://www.MetDental.com). Any dentists who do not fall under the Tax Identification Number above and who wish to enroll in the Direct Deposit with Electronic EOB service must submit a separate completed form. Direct Deposit is unavailable for a small number of MetLife customers. If you submit a claim for a patient employed by one of these customers, you will receive claim payment for those claims in the mail.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am authorized on behalf of the other dentists in this practice to make this election.