

E Pay Billing Update Request



If you are an active E-Pay provider seeking to update your billing information, please submit the form below to financeteam@mygooddays.org. Good Days team will require verbal confirmation by the Doctor prior to any billing updates.

Office Information			
Name of Practice:	Name		
EPay ID:	EPay ID		
Mailing Address:	Line 1		Line 2
	City	State	Zip
Billing Information			
Billing Contact Person:	Name		
Phone:	XXX-XXX-XXXX		
Email:	Email		

Banking Information	
Name of Bank:	Bank
Bank Account Holder Name:	Bank Account Holder Name
Routing Number:	Routing Number
Account Number:	Account Number

Signature	
Title:	Title

Reason for Change or Additional Notes

Note: Update to Office or Banking Information can only be provided by the contact person on file. Once updated information is received, verbal confirmation by the Doctor will be required.

Questions? Please contact Good Days at (855) 215-2719.