Payspan Portal Registration

1. Navigate to <u>www.payspanhealth.com</u> and click on the register button

| payspan. | | Empowering the healthcare economy® |
|----------|--|------------------------------------|
| | Thank you for being a loyal Payspan customer. With an evolving healthcare economy comes new changes and concerns for provider organizations. Payspan is ready with innovative provider solutions for the challenges your practice is facing. | |
| | Sign In Username | |
| | NEXT | |
| | OR REGISTER The registration process on our site is secure, fixed and fast | |
| | Eorgot your. Username or Password? Need more help? | |

Next you will need to identify your Registration Code. This can be found on the cover page from the documents you received in the mail along with your paper check.

2. On the "Get Started" tab, you will enter your Registration code in the Registration Code field and then click on the I'm not a robot box and then "Start Registration."

Please note that Registration Codes are alphanumeric and are Not case sensitive.

| New Enrollm | ent | | | |
|-----------------|-----------------|----------------------|--|-------------------------|
| Get Started | O Personal Info | O Payment Preference | Account Setup | Verify Your Information |
| | | : | Already Registered? Need a registration code? | |
| a Larve | | | | |
| I'm not a robot | REAPTCHA | | | |

On the next page you will enter more information to complete the registration.

3. Your Provider Identification Number, or PIN, can be found along with your Registration Code on the check page of the document you received in the mail. Please note that PINs ARE case sensitive. You will also enter your federal tax ID or Employer Identification Number. Once these fields are completed, click "Continue."

| New Enrollmer | nt | | | |
|--|---|---|---|--|
| Get Started | O Personal Info | O Payment Preference | Account Setup | Verify Your Information |
| Welcome to Payspan, whe (ERAs), analytics, and mu and improve cash flow. | ere we are empowering the hea ich more. This solution gives Pr | ithcare economy. Payspan offers a solutio oviders access to remittance and claim d | in that delivers electronic paymen dails online, and straightforward n | ts (ACH), electronic remittance advices aconciliation of payments to reduce costs |
| Reg Code | | | Support | |
| 47.214 | | : | Already Registered? | |
| Provider Identification Nu | umber (PIN) | | inter a regulation court | |
| GAGGEF16 | | | | |
| Provider Federal Tax Ider Identification Number (El | ntification Number (TIN) or N) | Employer | | |
| Distance of the | | | | |
| | | | | |
| | | | | |

4. Personal Information- Here you will enter your contact information and designate a username and click, "Continue." NOTE: Contact Information is for the admin responsible for the Payspan account

| | ent | | | | |
|--|-----------------------|---|--|---------------|-------------------------|
| Get Started | O Personal Info | O Payment Prefer | ence | Account Setup | Verify Your Information |
| Provider Name: All Provider Tax Identif Please provide us with | fication Number: 2223 | 12 re can create a user account | for you on Pays | pan Health. | |
| Contact First Name | | | Email Add | ress | |
| Chuck | | Chuck@ABCCompany.com | | | |
| Administrators first name | | Notifications will be sent to this address. | | | |
| Contact Last Name | | | Confirm E | mail Address | |
| Williams | | Chuck@ABCCompany.com | | | |
| Administrators last name (s | sumame) | | Please confirm the above email address by entering again. | | |
| felephone Number | | | Username | | |
| 000-000-0000 | | | ABCCompany2023 | | |
| lease use the 000-000-00 | 00 format. | | Minimum 8 characters, may include letters, numbers, periods, dashes, underscores and | | |
| Jser Type | | | at signs (@) | | |
| Provider Office Staff | | ~ | | | |

pavspan.

 Payment Preference- This screen allows you to select the account type. Click on the tile that says ACH, and then click, "Continue." A 'green' check mark will appear in the upper left corner of the selection. Note* If you do not want the receive ACH payments, chose the Other Options tab

| New Enrollment | | | | |
|----------------|---|---|-----------------------|-------------------------|
| Get Started | Personal Into | O Payment Preference | O Account Setup | Verity Your Information |
| ACH | Funds dire Secure pay Less admi Access to | ctly deposited into my bank account ment method nistrative burden compared to checks ECP's available 24-hours a day online via | our secure web portal | |
| | | | | |

6. Account Setup- On the account set up tab, provide a name for the receiving account and include the bank routing and account number of where the funds should be deposited. Once you enter the routing number, the name of the financial institution linked to that number will appear. Click the box under the bank name to confirm that it is correct.



| Get Started | Personal Info | Payment Preferen | Ce Account Setup | Verify Your Information | | |
|---|---|---|--|--|--|--|
| Provider Name: III Provider Tax Ident | ification Number: | 11 | | | | |
| You have chosen ACI (recommended) or me | H (EFT) as your payment preference ore Receiving Accounts to designate | Please set up your account to the bank account and the users | enable deposit of your claim payments who can review payment and remitta | Payspan allows you to establish one nee data for your selected registration codes. | | |
| Payspan Receiv | ing Account | | Payer | | | |
| Account Name | | | Carelon Behavioral Health, I | nc. (MA - Massachusetts Behavioral | | |
| ABC Funds | | | Carelon Behavioral Health, I | nc. (MAPS – Maryland Public Health | | |
| The name of your Payspa | an Receiving Account. Can be chang | ed later inside the portal. | System) Carolog Rehavioral Health | ne (OTHED Commercial Medicare | | |
| Account Description | | | Medicaid, Military, Combo of | Commercial and Medicare together,) | | |
| Payments | Payments | | ValueOptions, Inc. (PA – Pennsylvania Medicaid) Carelon Behavioral Health, Inc. | | | |
| fional. | | | Carelon Behavioral Health, Inc | | | |
| Deposit Account | Information | | The bank account entered will re- | main in a pending status until verification of a | | |
| Enter the bank accou | nt to which Payspan should deposit y | our claim payments. | small test deposit is completed. F the test deposit and enter the am | Please monitor your financial institution to see ount on the payspanhealth com home screen to | | |
| Financial Institution R | Routing Number | | | | | |
| 263177903 | | | Auto-register new or additio | nal Payers to this receiving account | | |
| SPACE COAST CREDIT | UNION | | | | | |
| The bank name should be a should be should be should be a should be a should be a shoul | own above is correct. | | | | | |
| Provider's Account N | umber with Financial Institution | ē | | | | |
| 123456 | | | | | | |
| Confirm Provider's Ad | ccount Number with Financial I | nstitution | | | | |
| 123456 | | | | | | |
| Type of Account at Fir | nancial Institution | | | | | |
| Business Oberhine | | | | | | |

7. Verify your Information - Review your information and if it is correct, agree to the Service Agreement. Click the Service Agreement hyperlink to review full details.



| Get Started | Personal Info | Payment Preference | Account | Setup | O Verify Your Information |
|---|--|--|---|---|---|
| Provider Name: 🕫 Provider Tax Identi | fication Number: 2 | - | | | |
| Please verify all enrols | ment information is correct, then | review and electronically sign the Service | Agreement. | | |
| Personal Informa | ation | Payment Selection | | Bank In | formation |
| Provider Contact Nam Chuck Williams | e | Payment Preference ACH (EFT) | | Financial I JPMORGAN | nstitution Name I CHASE BANK, NA |
| Telephone Number | | Account Information | | Financial I | nstitution Routing Number |
| Email Address Chuck@ABCCompany.co Username | m | Account Name ABC Account Description | ÷. | Financial I 123456 | nstitution Account Number |
| Please verify the info | rmation you have entered is con | ect. Select Confirm to complete registratio | n or Back to edit yo | or mormation. | |
| Please verify the info Review and electron Access to view claim Payments from all cu | remation you have entered is con ic signature of the Service Agree is and payment details is availab arrent and future payers will be a | ect. Select Confirm to complete registratio ment is required to access the Payspan se e the day after you complete registration a ssigned to this receiving account, unless y | n or Back to edit yo rvices. nd your account is ou designate a sepa | activated (no long arate account. | er in Pending status). |
| Please verify the infi Review and electron Access to view claim Payments from all co Payspan will new will never ask you require that you N If you receive a p links or attachme | remation you have entered is con ic signature of the Service Agree is and payment details is availab urrent and future payers will be a der er ask for your Payspan account to share your personal or busin VEVER share your personal or busin VEVER share your email account hishing email, or even one you 5 nts. The Provider Services Team | ect. Select Confirm to complete registratio ment is required to access the Payspan as e the day after you complete registration a signed to this receiving account, unless y password in any way offer than asking yo ess email account (e.g. your gmail.com or password with Payspan and never enter nd suspicious, please forward it to securit is available Monday through Friday from 1 | n or Back to edit yo nvices. Ind your account is u to log into the http in yourname@com I into any Payspan g@payspan.com o i am to 8 pm Easter | activated (no long inrate account ps://www.payspa penyname.com / website or website in contact us at 1(f | er in Pending status). nhealth.com websile. Further, Payspan sccount) password. In fact, we explicitly prefending to be Payspan. 177)331-7154, option 1, Do not click any |
| Please verify the info Review and electron Access to view claim Payments from all cu Security Reminn Payspan will new will never ask you require that you 1 If you receive a p Inks or attachme Electronic Signal | rmation you have entered is con- ic signature of the Service Agree is and payment details is availab arrent and future payers will be a der er ask for your Payspan account to barare your personal or busin VEVER share your email account hishing email, or even one you 6 rts. The Provider Services Team ture of Person Submit | ect. Select Confirm to complete registratio ment is required to access the Payspan is e the day after you complete registration a seigned to this receiving account, unless y password in any way other than asking yo ess email account (e.g. your gmail.com of password with Payspan and never enter ind suspicious, please forward if to securit is available Monday through Friday from it tting Enrollment | n or Back to edit yo nvices. Ind your account is ou designate a sepu- u to log into the <u>http</u> r yourname@com l into any Payspan g@payspan.com o am to 8 pm Easter | activated (no long wate account ps://www.payspa panyname.com website or website or contact us at 1(f | er in Pending status). nhealth.com websile. Further, Payspan uccount) password. In fact, we explicitly pretending to be Payspan. 77)331-7154, option 1. Do not click any |

8. Once registered for electronic payments, you will receive a test deposit from Payspan of less than a dollar within a few business days along with a Welcome email and a Security email.





Please review the instructions below to complete bank account verification.

You chose **automated clearing house (ACH) p**ayments. Within a tex business days. Payspan will make a text deposit of less than \$1.00 to your bank account. You can view payment records and download machine readeble 835s for remittance infermation on the payspanhealth core portal

- · Please obtain the deposit amount from your bank account. Log in to Payspanhealth.com to enter the amount + Select Your Payments, then select Account Verification under the Alerts section to enter the correct amount.
- If the amount entered matches Payspan's records, your account will be activated. If the amount entered does not match, contact Provider Services as indicated below
- · Please note: This deposit does not need to be returned to Payapen

Thank you for using Payspan.

If you have any questions about the registration process or the website, please contact our Provider Support Team by darking 1-877-333-7154. Option 1, or by emailing your questions to <u>Provide Support@preynanteenth com</u>. The Provider Services Team is available Manday through Fristion 8 are to 8 pm Eastern Time. outh Friday



Welcome to Payspan Health!

Hi Heather,

Click the following link to activate your Payspan Health account:



Your username is sign-in page is https://ua-idp.payspanhealth.com

If you experience difficulties accessing your account, you can send a help request to your system administrator using the link: https://ua-idp.payspanhealth.com/help/login

| Welcome to Payspan Health! | | | | | | | |
|---|----------|-------------|---------------|----------|---------------|-----------|--------|
| us.donotreply@payspan.com | ۲ | C Reply | (F) Reply | All - | Forward | 45 | |
| To Erfseitur farlie | | | | | Wed 3/29 | /2023 11: | :14 AM |
| ***This email originated outside the company. Do not click links or attachments unless you recognize the sender*** | | | | | | | |
| Congrutulations, you have successfully registered to receive payments/remittance advices via Payspan1 | | | | | | | |
| The username you selected is: HibelFuthop | | | | | | | |
| If you elected to receive payments via electronic hands transfer (ETT), additional steps are required to complete the activation of your account. Within a few boainess days an electronic payme delivered to the bank account specified during registration. | nt of le | ss than one | dollar will I | ie gener | ated by Pay | span Inc | c. and |
| Please adults the departed names from your bank accesses, lag in to your Pappan accesses and enter the annount disposited by Pappan. If the annount entered matches our payment records, you access it will activate if the annount entered does not match, contact Provider Services as indicated below. Please nature, to do not need to return or eager this activation departs annount. | | | | | | | |
| If you elected not to register for EFT payments, your Payspan account is activated and ready for online viewing of NON-EFT Payments. Keep in mind you can still activate to receive EFT pay Include: | pments | at anytime | The advar | tages of | f receiving 6 | FT pays | nents |
| Improve cash flow - Dectronic payments can mean faster payments, leading to improvements in cash flow. Maintain control over back accounts - You maintain total control over the destination of claim payment funds. Multiple practices and accounts are supported. | | | | | | | |
| Thank you for using Payspan. | | | | | | | |
| Provider Services 1-477-38-7256 option #3 Mondary-Friday Bard and Ratem Time | | | | | | | |

9. Once you have successfully logged into your account, click on the "Your Payments" tile

| Patient Reimbursement Payen into pati Ancourt reaswal Patient Engagement Patient En | | | | 129 |
|--|--|--|-----------------------|-----|
| Pagers with paid Conception Paid of the second | | | Patient Reimbursement | |
| Answert Indexed Your Payment Indexe: Panding Payment Indexe: Payment Index Payment Indexe: Payment Indexe: Payment Index | ••• × •• | | Payers who paid | |
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| | (b) | e | Enhancements | |
| Denial Detector Output 4010 | Denial Detector Output 4010 | Denial D | | |

Under the "Alerts" tab in the bottom left of the page, click on the "Account Verification" link to activate your ACH receiving account using your unique test deposit that was verified through your bank.

| payspan. | | | | EMPOWERING THE HEALTHCARE ECONOMY** |
|--|---|---|---|--|
| Aliana > You Payments | | | | OwengABCCompany.com Admin 1949 Log.Out |
| 🚯 Amearch | | | | Enter Clam or Payment Number |
| Claims | | | | |
| Payments | Your Latest Payments | | | |
| Capitation | Select the payment count or posting report line | to view a Tisting of new payments by receiving account. | | add new reg code |
| Reports | Receiving Account | Paymenta | Amount | Actions |
| No. of Concession, Name | D. | All of the payments in your accounts have | been confirmed. When new payments arrive, they will | De shown here. |
| Accounts | Total | • | \$0.00 | |
| Reg Codes | | | | |
| Manage 835 | | | | |
| Alleria Account Verification | | | | |
| Copyright 62008-3017 Paylopan, Inc. All Repts Record | ved Privacy Notice Servic & Conditions Chat Office Service Ay | yuanard | | |

10.Enter the test deposit amount using the "0.00" format. This deposit does not need to be returned to Payspan. Once the amount is entered, click "Save."

| 1 Account Verification | × |
|--|---|
| Please enter the dollar amount of the payment that was deposited to your account. Please enter the amount carefully. You will be allowed three opportunities to enter the correct amount after which your account will be locked and you will need to contact PaySpan Provider Support. Enter the amount in 0.00 form. | |
| Oeposit Amount: | |
| | |

Congratulations! You have successfully activated your Payspan Account. You can now start receiving payments via direct deposit within 24 hours of this account verification.

| 1 Account Verification | | × |
|--|---|---|
| Congratulations! You have successfully activated your PaySpan Account! Please be add | vised remittance data will be available online within 24 hours. | |
| Account Name: ABC Company | Account Type: Business Checking | |
| Account Description: | Account Status: Active | |
| | Manage Pending Accounts Close | |

Note: Once your registration codes are activated, please allow up to 24 hours to access EOPs on the Payspan Portal.

For additional assistance, please click the following link to access a list of commonly asked questions at <u>https://www.payspanhealth.com/nps/Support/Index</u> or or contact Payspan via email at <u>providersupport@payspanhealth.com</u> or by phone at (877) 331-7154, Option 1.

Thank you for depending upon Payspan for all your healthcare payment needs. We are proud to serve you!