To register for the first time, access the site at <u>https://www.payspanhealth.com</u>. An existing user can log in with a username and password. A new user will select Register to create a new account.

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. Username Password	
	LOGIN REGISTER The registration process on our site is secure, free and fast Forgot your Username or Password? Need more help?	

A new provider will click Register to create a new account. The enrollment process consists of 4 steps - the following screen is presented:

payspan.		EMPOWERING THE HEALTHCAR
New Enrollment		
Get Started Personal Info	Account Setup	Verify Your Info
Get Started		
		an offers a solution that delivers electronic payments (ACH), electronic remittance advices (ERAs), nline, and straightforward reconciliation of payments to reduce costs and improve cash flow.
Reg Code		
Submit		
What is a Reg Code?		
Copyright @2000-2018 PaySpan, Inc. All Rights Rese	erved. Privacy Notice Se	curity Statement Service Agreement Terms of Use

PROVIDER REGISTRATION PROCESS

The user must enter a valid registration code. If an invalid code is entered, an error message is displayed. If the code has already been registered an error message will be displayed advising the code has already been registered. If the user enters a valid registration code, the following screen is presented:

payspan.	EMPOWERING THE HEALTHC
New Enrollment	
Get Started Personal Info Account Setup Verify	Your Info
Get Started	
Welcome to PaySpan, where we are empowering the healthcare economy. PaySpan offers a so much more. This solution gives Providers access to remittance and claim details online, and stra	
Reg Code	Enter your Tax Identification Number (TIN) and National Provider Iden
6ZYB5DA7	 An Atypical Service Provider is one that does not furnish healthcare se are taxi drivers, auto mechanics and carpenters.
Provider Identification Number (PIN)	Support How to Register Step by step video
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	Already Registered? Need a registration code? Click here to request one.
OPTIONAL - National Provider Identifier (NPI)	
Atypical Service Provider	

The user must complete the remaining fields:

New Enrollment	1
Get Started Personal Info Account Setup	Verify Your Info
Get Started	
Welcome to PaySpan, where we are empowering the healthcare economy. PaySpan off much more. This solution gives Providers access to remittance and claim details online,	ers a solution that delivers electronic payments (ACH), electronic remittance advices (ERA and straightforward reconciliation of payments to reduce costs and improve cash flow.
Reg Code	Enter your Tax Identification Number (TIN) and National Provider Ident An Atypical Service Provider is one that does not furnish healthcare se conclusion and discuss and escentrates
6ZYB5DA7	are taxi drivers, auto mechanics and carpenters. Support
Provider Identification Number (PIN)	 How to Register
PIN147256	Step by step video
	Already Registered?
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	Need a registration code? Click here to request one.
789357421	
OPTIONAL - National Provider Identifier (NPI)	
Atypical Service Provider	
Start Registration	

The registration code, PIN and TIN are validated. An error message is displayed if the user enters the wrong TIN#. The same applies if the user enters the wrong PIN. Once all correct information is entered, the following screen is presented:

New Enrollment		
Get Started Personal Info	Account Setup Verify Your Info	
Tell Us About Yourself		
Please provide us with your basic contact information	on to enable us to create a user account for you on the PaySpan Health system.	
Provider Name: DrBarbaraSmith Provider Tax Identification Number: 789357421 National Provider Identifier:		
Provider Contact Name	Username	Wildlife Refuge
Administrators full name Email Address	Minimum 8 characters and may include: letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersats (@), periods (.) Password	Jack
Notifications will be sent to this address.	Passwolu	Starke .
Confirm Email Address	Confirm Password	ngs •Alachua Gainesville P
Telephone Number	Challenge Question In what city was your first job?	Googl Map data ©2018 G Your IP address has been b authenticate your identity.
Please use the 000-000-0000 format.	Challenge Answer	
Title		
Office Manager	L	
	Next	

The user must complete all fields on this screen. This information will be associated with the individual user.

Note: The 1st person to register the practice/facility is considered an account Administrator. The user name will automatically default to the e-mail address entered. If the e-mail address entered is already being used as a username, the username will be highlighted in red:

New Enrollment		
Get Started Personal Info Account Setup Verify Your Info		
Tell Us About Yourself Please provide us with your basic contact information to enable us to create a user account for you on the PaySp Provider Tax Identification Number: SIT117270 National Provider Identification Number: SIT117270	an Health system.	
Provider Contact Name Test Provider LLC Administrators full name Email Address Test provider@payspan.com Test provider@pay	Username	Refuge Refuge Jacksonville Jacksonville Besch

EMPOWERING THE HEALTHCARE ECONOMY

Updated screen with valid Username entered:

pays	pan.
------	------

New Enrollment		
Get Started Personal Info Account Setup	/enify Your Info	
Tell Us About Yourself		
Please provide us with your basic contact information to enable us to create a user acco	unt for you on the PaySpan Health system.	
Provider Name: A GOLDMAN PSYD Provider Tax Identification Number: 547117270 National Provider Identifier: 1871518258		Assessed over the ferrandes
Provider Contact Name	Usemame	Refuge Fields r.h.
Test Provider LLC	Test provider@payspan.com	
Administrators full name	Minimum 8 characters and may include:	Jacksonville
Email Address	letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersats (@), periods (.)	singesacksonville Deach
Test provider@payspan.com	Password	Diff of Park
Notifications will be sent to this address.	********	Starke . St Augustine
Confirm Email Address	Confirm Password	1938 St Augustine
Test.provider@payspan.com	Confirm Password	Gainesville Palatka Baim Coast
Telephone Number		Googh was deal acchill Social MEDI. Terms of Use
904-588-1111	Challenge Question What is your pet's name?	Your IP address has been been logged and may be used to authenticate your identity.
Please use the 000-000-0000 format.		
	Challenge Answer	
Title Office Manager	Spot	
×	Next	
	PEAS	

The user is then presented with the following screen:

Get Started	Personal Info	Account Setup	Verify Your Info
Set Up Your Acc	ount		
Provider Name: DrBa Provider Tax Identific National Provider Ide	ation Number: 789357421		
Account Name			Paye Fabri
Assessment Descention			PayS that y
Account Description			Pays
			Some
Financial Institution I This field is required.	Routing Number		This
The local of toquiros.			this c
VYSTAR CREDIT UNI			
Provider's Account N	lumber with Financial Institu	ition	
Confirm Provider's A	ccount Number with Financ	ial Institution	
Type of Account at Fi			
Business Checking	•		
Enable Electronic	Payment		
Request Paper Re	emittance		
Assign new or ad	ditional Payers to this receiv	ving account	

Payer: Fabrikam Insurance Company

PaySpan Health organizes your incoming payments into Receiving Ac hat you enter will remain in a pending status until you obtain the small PaySpan, Inc from your financial institution and enter the amount on yo

Some payers allow providers to request paper remittances. If you woul remittances and your Payer supports this option, select the paper remi This check box will not appear if the Payer does not allow this option o this option is not allowed upon EFT registration.

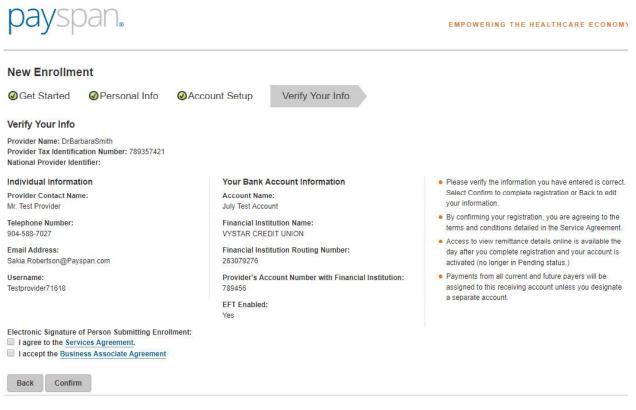
Note: The name of the Financial Institution is displayed once the routing # is entered:

Get Started	Personal Info	Account Setup	Verify	Your Info
Set Up Your Acc	count			
Provider Name: DrBa Provider Tax Identific National Provider Ide	ation Number: 789357421			
Account Name July Test Accou	int			Payer: Fabrikam
Account Description				PaySpan that you e PaySpan,
North Location	Account			Some pay
Financial Institution	Routing Number			remittance This chec
263079276				this option
VYSTAR CREDIT UNI				
Provider's Account N	lumber with Financial Institu	tion		
Confirm Provider's A	ccount Number with Financi	al Institution		

Once all information is entered, the user should click Next:

Set Up Your Account
Provider Name: DrBarbaraSmith Provider Tax Identification Number: 789357421 National Provider Identifier:
Account Name
July Test Account
Account Description
North Location Account
Financial Institution Routing Number
263079276
Provider's Account Number with Financial Institution 789456
Confirm Provider's Account Number with Financial Institutio
789456
Type of Account at Financial Institution
Business Checking 🔹
Enable Electronic Payment
Request Paper Remittance
Assign new or additional Payers to this receiving account
Back Next

Once all steps have been completed, the following screen is displayed. The user can view all information previously entered.



The provider must agree to the Services Agreement and Business Associate Agreement, then select Confirm to proceed.

Electronic Signature of Person Submitting Enrollment:

I agree to the Services Agreement.

I accept the Business Associate Agreement

Back Confirm

The following screen is displayed that confirms a successful registration. The user is advised of the minimal test deposit process to complete the final step of the activation process.

payspan.	EMPOWERING THE HEALTHCARE ECG
	Thank you for registering!
	If you registered for electronic payments, a deposit of LESS than \$1.00 will be sent to the bank account specified during registration. The deposit will be made by the PaySpan Corporation.
	The final step of the account activation process for electronic payments, is for you to monitor the bank account that you entered for the next 2-3 business days and locate the test deposit amount from PaySpan. Once you have located the test deposit, log into your PaySpan account at www.payspanhealth.com, then go to Your Payments and insert the deposit amount in the Account Verification section under the Alerts menu. Upon entering the correct amount your account will successfully be activated!
	Thank you again for using PaySpan!
	Login
Copyright ©2000-2018 PaySpan, Inc. All R	

The user will also receive the following confirmation e-mail which reminds them of the Penny Drop process.



Congratulations, you have successfully registered to receive payments/remittance advices via PaySpan!

If you elected to receive payments via electronic funds transfer (EFT), additional steps are required to complete the activation of your account. Within a few business days an electronic payment of less than one dollar will be generated by PaySpan Inc. and delivered to the bank account specified during registration.

٨

- Please obtain the deposit amount from your bank account, log in to your PaySpan account and enter the amount deposited by PaySpan.
- · If the amount entered matches our payment records, your account will activate. If the amount entered does not match, contact Provider Services as indicated below.
- Please note: You do not need to return or re-pay this activation deposit amount.

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 payments at anytime. The advantages of receiving EFT payments include:

- Improve cash flow Electronic payments can mean faster payments, leading to improvements in cash flow.
- Maintain control over bank accounts You maintain total control over the destination of claim payment funds. Multiple practices and accounts are supported.

Thank you for using PaySpan.

The user should check their bank account in 2-3 days to obtain the minimal test deposit amount.

The user will be prompted for the MFA validation upon logging in for the first time after creating their new account. User will be prompted with the following MFA validation screen after attempting to log in with new credentials:

payspan.		Empowering the healthcare economy®
	We need to confirm your email address	A
	Is this the email address you would like to use for account verification?	
	Sakia.Robertson@Payspan.com	
	CONFIRM	

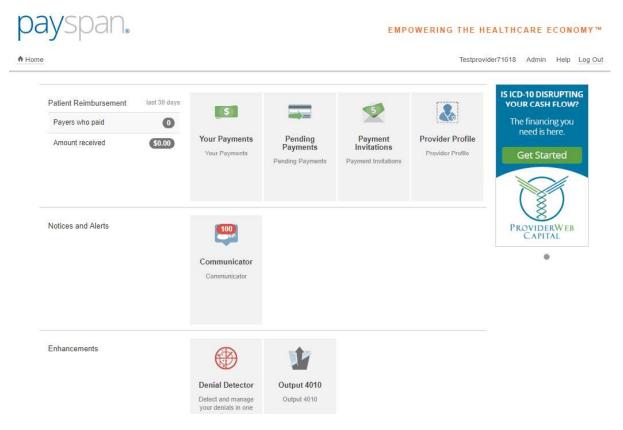
After selecting Confirm, user is presented with the following screen:

payspa	_∞	Empowering the healthcare economy®
	Email Sent Successfully	₽
	We've sent a verification code to your email at Sakia.Robertson@Payspan.com	
	When you receive the code please enter it below and c	lick verify
	VERIFY Need more help?	

The user will receive the code via e-mail. The user will enter the code and select Verify.

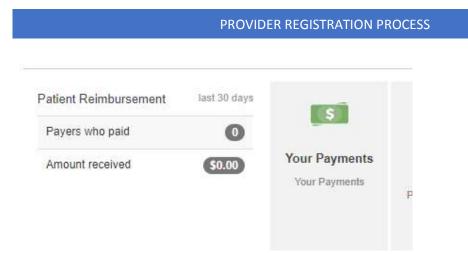
bayspar)®	Empowering the healthcare economy®
	Email Sent Successfully	A
	We've sent a verification code to your email at	
	Sakia.Robertson@Payspan.com	
	When you receive the code please enter it below and click veri	ŷ
	675814	
	VERIFY	
	Need more help?	

If the code is correct, the user is granted access to the Payspan provider portal – home landing page:

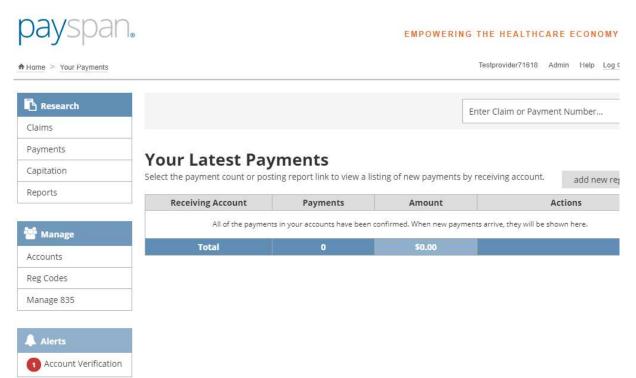


To enter the minimal test deposit (Penny Drop), the user will select Your Payments.

ŀ



The user will see an Alerts section at the bottom left of the screen. The user will click Account Verification.



The following screen is displayed. The user will select "Verify Account".

To verify your bank account information a deposit is made to the account. This deposit is made within one to two days from when the account was entered. Ta account follow the steps below: 1. Locate the amount deposited by Pay Span in to your bank account.	To activate the
Then select the Verify Account link below for the account you would like to activate.	
8. On the next screen, enter the amount in the Deposit Amount field using the 0.00 format.	
I, Select Save.	
Once you have completed these steps you will begin to receive payments electronically and have the ability to view your remittance details online within 24 h	hours.
Account Name Account Type Account Status	
uly Test Account Business Checking Pending Verify Account	

The minimal test deposit is entered here:

payspan.	EMPOWERING THE HEALT
count Verification	
Please enter the dollar amount of the payment that was deposited to your account. Please enter the amount carefu after which your account will be locked and you will need to contact PaySpan Provider Support. Enter the amount	
reposit Amount:	
Save Manage Pending Accounts Close	

The user will select Save and close the account verification screen.

An existing provider can add a registration code to their existing account. The user will login to their Payspan account and select Your Payments.

Patient Reimbursement	last 30 days	S		5	
Payers who paid	0			×	
Amount received	\$0.00	Your Payments Your Payments	Pending Payments Pending Payments	Payment Invitations Payment Invitations	Provider Profile Provider Profile

The user will select Add New Reg Code on the far right of the screen:

payspar			EMI	OWERING THE HEAL	THCARE ECONOMY™
Home > Your Payments				Testprovider71	1618 Admin Help Log Ou
Research				Enter Claim or Payme	ent Number Q
Claims					
Payments	Vour Latast Days	nonte			
Capitation	Your Latest Payr Select the payment count or postin		of now normants by ray		
		g report link to view a listing		ceiving account.	add naw rag codo
Reports			N. P	-	add new reg code
Reports	Receiving Account	Payments	Amount	-	add new reg code
	Receiving Account		Amount	Ac	ctions
🐮 Manage	Receiving Account	Payments	Amount	Ac	ctions
Manage Accounts	Receiving Account	Payments ents in your accounts have been	Amount	Ac	ctions
🐮 Manage	Receiving Account	Payments ents in your accounts have been	Amount	Ac	ctions

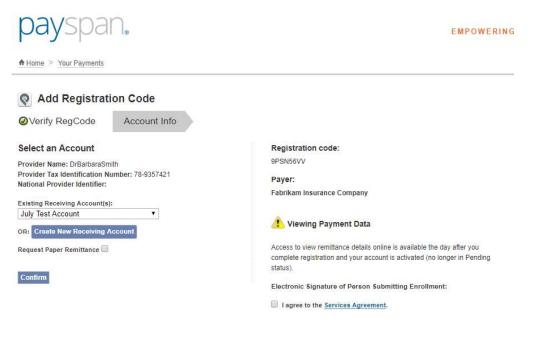
After selecting Add New Reg Code, the following screen is displayed:

payspan.	EMPOWERING
A Home > Your Payments	
Add Registration Code Verify RegCode Account Info	
Verify Your RegCode RegCode: Provider Identification Number (PIN): Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): Ational Provider Identifier (NPI): Ational Provider Identifier (NPI): Ational Service Provider Start Registration	 Enter your Provider Identification Number (PIN) and Tax Identification Number (TIN). Enter your National Provider Identifier (NPI). An Atypical Service Provider is one that does not furnish healthcare services. Examples are taxi drivers, auto mechanics and carpenters. <u>Support</u>

The user will be prompted to complete all fields to start the registration process for the new code. Once all fields are complete, the user will select Start Registration.

payspan.	EMPOWERIN
Home > Your Payments	
Add Registration Code Verify RegCode Account Info Verify Your RegCode	
RegCode: 9PSN56VV Provider Identification Number (PIN): PIN1472521 Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 78 - 9357421 OPTIONAL - National Provider Identifier (NPI): Image: Image	 Enter your Provider Identification Number (PIN) and Tax Identification Number (TIN). OPTIONAL - Enter your National Provider Identifier (NPI). An Atypical Service Provider is one that does not furnish healthcare services. Examples are taxi drivers, auto mechanics and carpenters. Support

If all information entered is valid, the following screen is displayed. The user can select from an existing account, or add a new one:



.

If the user chooses to add a new receiving account, the following screen is displayed:

Institution:

54321

Create New Receiving Account

About Account Settings You can update your receiving account details and Electronic Mailbox options can be managed on this page. Check the Confirm Delivered Payments checkbox if payments should be confirmed when delivered to your electronic mailbox. Enveloping format is also managed here. For additional security you may add an account access code to your account. Once you create an account access code, the code must be entered whenever there is an attempt to make changes to your account. You must create your receiving account before you can manage your mailbox or delivery settings. After you have set up your account, the additional actions will be available to you. Account Name: Enable EFT: Confirm Delivered Payments Type of Account at Financial Institution: Enveloping Format: [?] Business Checking ۲ Payer Plan ID ۲ Account Description: Financial Institution Routing Number: Save Close Provider's Account Number with Financial Institution:

Confirm Provider's Account Number with Financial

The user must complete all fields and select Save.

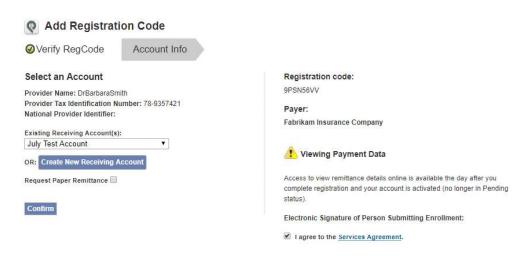
reate New Receiving Account		
About Account Settings		
You can update your receiving account of	letails and Electronic Mailbox options can be managed on this page. Check the Co nic mailbox. Enveloping format is also managed here.	nfirm Delivered Payments checkbox if payments should be
For additional security you may add an a changes to your account.	ccount access code to your account. Once you create an account access code, the	e code must be entered whenever there is an attempt to m
You must create your receiving account	before you can manage your mailbox or delivery settings. After you have set up you	ur account, the additional actions will be available to you.
Account Name:	Enable EFT: 🗹	Confirm Delivered Payments
July Test Account 2	Type of Account at Financial Institution:	Enveloping Format: [?]
Account Description:	Business Checking 🔹	Payer Plan ID 🔹
South Location	Financial Institution Routing Number:	
	263079276	Save Close
	VYSTAR CREDIT UNION	
	The name shown above is correct: 🕑	
	Provider's Account Number with Financial Institution:	
	54321	
	Confirm Provider's Account Number with Financial	

PROVIDER REGISTRATION PROCESS

The following confirmation screen is presented after the new receiving account is created. The user will clock Close. The user can also choose to set up Mailbox routing for the new Receiving Account from this screen.

Account Details		
Congratulations! You have successfully	created a new account. You can now edit this account to set	up a mailbox.
About Account Settings		
	details and Electronic Mailbox options can be managed on thi ned when delivered to your electronic mailbox. Enveloping for	
For additional security you may add an there is an attempt to make changes to	account access code to your account. Once you create an acc your account.	count access code, the code must be entered whenever
Electronic mailbox configuration option	s appear in a pop up window when the Mailbox Settings and D	elivery Setting option is selected.
Mailbox Sattingar Displays CTD addre		
	ss and password generation, as well as file names. pavers associated with this receiving account and file routing	potions
	ss and password generation, as well as file names. payers associated with this receiving account and file routing	options.
Delivery Settings: Displays a list of all	and the second	Confirm Delivered Payments:
Delivery Settings: Displays a list of all ccount Name: uly Test Account 2 ccount Description:	payers associated with this receiving account and file routing Enable EFT:	Confirm Delivered Payments:
Delivery Settings: Displays a list of all account Name: uly Test Account 2 account Description: Bouth Location Receiving Account Locked:	payers associated with this receiving account and file routing Enable EFT: Yes Type of Account at Financial Institution:	Confirm Delivered Payments: Enveloping Format: Payer Plan ID
	payers associated with this receiving account and file routing - Enable EFT: Yes Type of Account at Financial Institution: Business Checking Financial Institution Routing Number:	Confirm Delivered Payments:

After selecting Close, the user is returned to the following screen. The user must agree to the Services Agreement.



The user will then select Confirm.

User is routed to the Manage Reg Codes screen.

	ayspan.			EMPOWERING THE	HEALTHCARE	ECONOMY
Hom	e > Your Payments			Testpi	rovider71618 Admii	n Help Log Ou
2 1	Manage Reg Codes			🕂 Manage	e Preferences 🕂 A	ld New Reg Code
Sea	rch Reg Codes:					*
1 94	Export Assign Account Request Paper Remit Ca	ncel Paper Remit Activate De.A	ctivate	Items Per Page: 10 T Sort by	Reg Code	Y AL
	Export Assign Account Request Paper Remit Ca	ncel Paper Remit Activate De-A	ctivate	Items Per Page: 10 V Sort by	Reg Code Displayin	▼ 2↓ g items 1 - 2 of 2.
•		ncel Paper Remit Activate De-A	RegCode Status: Active RegCode Type: Other	Items Per Page: 10 Sort by Registration Date: 7/16/2018	12	
	Page 1 of 1 → H Payer: Fabrikam Insurance Company Provider:	Reg Code: 6ZYB5DA7 PIN: PIN147256	RegCode Status: Active RegCode Type:	Registration Date:	12	

The user receives the following e-mail:

	Mon 7/16/2018 5:35 PM
A	alerts@payspan.com
	Testprovider71618 Recent change to your PaySpan provider account
o Sakia	Robertson

The purpose of this message is to notify you that User Testprovider71618 performed the following action:

Update/changes to your receiving account set up.

For additional information concerning this matter, click the following link to the Activity Log. If you still need assistance, please call 1-877-331-7154 and select option 1.

Thank you for using PaySpan.

Provider Payment Services 1-877-331-7154 option 1 www.PaySpanHealth.com

Below is a list of Security Tokens that can be granted to Administrators and/or Users:

Арр		
 Select All 	^	
🖉 PaySpan Health App		
Communicator App		
Denial Detector App	-	
Account		
▶ Feature		
Report		