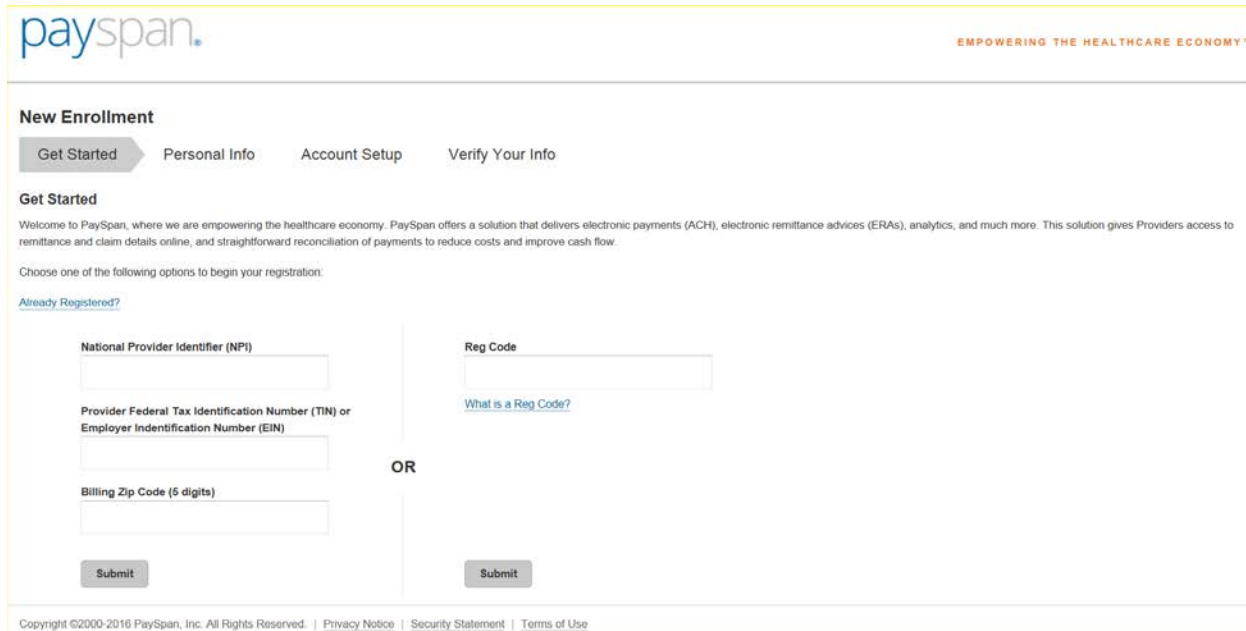


## How to Register for PaySpan

- Call 1-877-331-7154 Option 1 for your unique registration code. Once you have the code, go to [www.payspanhealth.com](http://www.payspanhealth.com) and click the **Register** button.
- Enter your Registration Code and then click submit.



**payspan.** EMPOWERING THE HEALTHCARE ECONOMY™

### 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 solution that delivers electronic payments (ACH), electronic remittance advices (ERAs), analytics, and much more. This solution gives Providers access to remittance and claim details online, and straightforward reconciliation of payments to reduce costs and improve cash flow.

Choose one of the following options to begin your registration:

[Already Registered?](#)

National Provider Identifier (NPI)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Billing Zip Code (5 digits)

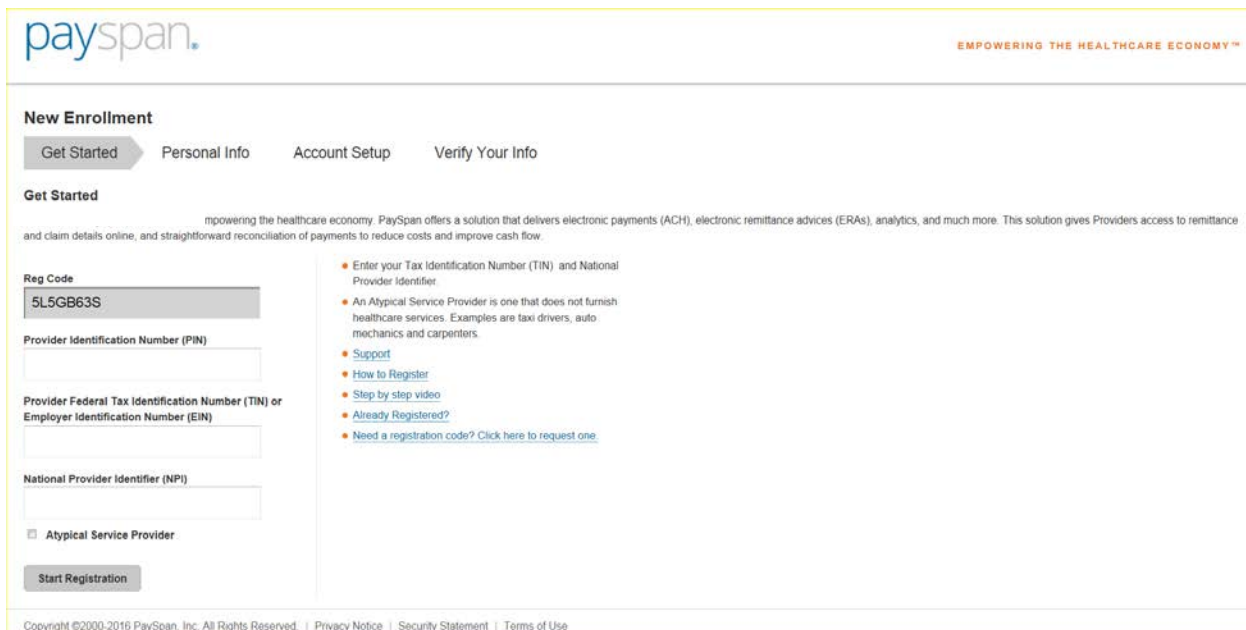
OR

Reg Code

[What is a Reg Code?](#)

Copyright ©2000-2016 PaySpan, Inc. All Rights Reserved. | [Privacy Notice](#) | [Security Statement](#) | [Terms of Use](#)

- Provider ID Number (PIN), Tax ID Number (TIN) or Employer Identification Number (EIN) and your National Provider Identifier (NPI) if you don't have your NPI or are unsure of which one to use, please click **Atypical Service Provider**.
- click **Start Registration**.



**payspan.** EMPOWERING THE HEALTHCARE ECONOMY™

### New Enrollment

Get Started Personal Info Account Setup Verify Your Info

#### Get Started

empowering the healthcare economy. PaySpan offers a solution that delivers electronic payments (ACH), electronic remittance advices (ERAs), analytics, and much more. This solution gives Providers access to remittance and claim details online, and straightforward reconciliation of payments to reduce costs and improve cash flow.

Reg Code

Provider Identification Number (PIN)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

Atypical Service Provider

- Enter your Tax Identification Number (TIN) and National Provider Identifier
- An Atypical Service Provider is one that does not furnish healthcare services. Examples are taxi drivers, auto mechanics and carpenters.
- [Support](#)
- [How to Register](#)
- [Step by step video](#)
- [Already Registered?](#)
- [Need a registration code? Click here to request one.](#)

Copyright ©2000-2016 PaySpan, Inc. All Rights Reserved. | [Privacy Notice](#) | [Security Statement](#) | [Terms of Use](#)

## Tell Us About Yourself

- Designate a user name of your own, or just use your email address.
- Create a unique password of at least 8 characters and include one capital letter, one lower case letter and a number.
- Select a challenge question, enter your answer and click the **Next** button to continue.

**payspan.** EMPOWERING THE HEALTHCARE ECONOMY™

---


**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 PaySpan Health system.

**Provider Name:** General Pediatrics  
**Provider Tax Identification Number:** 333333333  
**National Provider Identifier:**

<p><b>Provider Contact Name</b></p> <input type="text"/> <small>Administrators full name</small> <p><b>Email Address</b></p> <input type="text"/> <small>Notifications will be sent to this address.</small> <p><b>Confirm Email Address</b></p> <input type="text"/>	<p><b>Username</b></p> <input type="text"/> <small>Minimum 8 characters and may include: letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersands (@), periods (.)</small> <p><b>Password</b></p> <input type="password"/>	 <p><small>Your IP address has been logged and may be used to authenticate your identity.</small></p>
<p><b>Telephone Number</b></p> <input type="text"/> <small>Please use the 000-000-0000 format.</small> <p><b>Title</b></p> <input type="text"/>	<p><b>Confirm Password</b></p> <input type="password"/> <p><b>Challenge Question</b></p> <input type="text"/> <small>In what city was your first job?</small> <p><b>Challenge Answer</b></p> <input type="text"/>	

Copyright ©2000-2016 PaySpan, Inc. All Rights Reserved | [Privacy Notice](#) | [Security Statement](#) | [Terms of Use](#)

## Set Up Your Account

- Designate the account you wish to have funds deposited to and click the **Next** button to continue.

**payspan.** EMPOWERING THE HEALTHCARE ECC

---

**New Enrollment**

[Get Started](#) [Personal Info](#) **Account Setup** [Verify Your Info](#)

**Set Up Your Account**

**Provider Name:** General Pediatrics  
**Provider Tax Identification Number:** 333333333  
**National Provider Identifier:**

<p><b>Account Name</b></p> <input type="text"/> <small>This is the name that will be used to identify this receiving account throughout the PaySpan system.</small> <p><b>Financial Institution Routing Number</b></p> <input type="text"/>	<p><b>Provider's Account Number with Financial Institution</b></p> <input type="text"/>	<p><b>Player:</b> <b>Fabrikam Insurance Company</b></p> <p><small>PaySpan Health organizes your incoming payments into Receiving Accounts. The account that you enter will remain in a pending status until you obtain the small deposit made by PaySpan, Inc from your financial institution and enter the amount on your Home Screen.</small></p> <p><small>Some payers allow providers to request paper remittances. If you would like paper remittances and your Payer supports this option, select the paper remittance check box. This check box will not appear if the Payer does not allow this option or appear grayed out if this option is not allowed upon EFT registration.</small></p>
<p><b>Confirm Provider's Account Number with Financial Institution</b></p> <input type="text"/>	<p><b>Type of Account at Financial Institution</b></p> <input type="text"/> <small>Business Checking</small> <p><input checked="" type="checkbox"/> <b>Enable Electronic Payment</b></p> <p><input type="checkbox"/> <b>Request Paper Remittance</b></p> <p><input checked="" type="checkbox"/> <b>Assign new or additional Payers to this receiving account</b></p>	

## Verify Your Info

- Verify your information, check the box to agree to the Services Agreement and the Business Associate Agreement and then click **Confirm**.

**payspan.** EMPOWERING THE HEALTHCARE ECONOMY™

---

**New Enrollment**

[Get Started](#) [Personal Info](#) [Account Setup](#) [Verify Your Info](#)

**Verify Your Info**

**Provider Name:** General Pediatrics  
**Provider Tax Identification Number:** 333333333  
**National Provider Identifier:**

**Individual Information**  
**Provider Contact Name:** Kim Spencer  
**Telephone Number:** 904-555-1212  
**Email Address:** Kimspencer@email.com  
**Username:** Kimspencer@email.com

**Your Bank Account Information**  
**Account Name:** Centene Payments  
**Financial Institution Name:** WELLS FARGO BANK  
**Financial Institution Routing Number:** 063107513  
**Provider's Account Number with Financial Institution:** 112233445566  
**EFT Enabled:** Yes

- Please verify the information you have entered is correct. Select Confirm to complete registration or Back to edit your information.
- By confirming your registration, you are agreeing to the terms and conditions detailed in the Service Agreement.
- Access to view remittance details online is available the day after you complete registration and your account is activated (no longer in Pending status.)
- Payments from all current and future payers will be assigned to this receiving account unless you designate a separate account.

**Electronic Signature of Person Submitting Enrollment:**  
 I agree to the [Services Agreement](#).  
 I accept the [Business Associate Agreement](#)

[Back](#) [Confirm](#)

Copyright ©2000-2016 PaySpan, Inc. All Rights Reserved. | [Privacy Notice](#) | [Security Statement](#) | [Terms of Use](#)

You will receive a deposit of less than one dollar from PaySpan within a few business days. To begin receiving electronic payments and remittance advice, follow these steps to activate your account.

Contact your financial institution to obtain the amount of the test deposit from PaySpan

Log into PaySpan

Click Your Payments

Click the Account Verification link on the left side of the screen

Enter the amount of the deposit you received in this format: 0.00

The deposit does not need to be returned to PaySpan

For assistance:

1-877-331-7154 Option 1

[providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

Our Provider Services Team is available Monday through Friday, 8am to 8pm, Eastern Time.