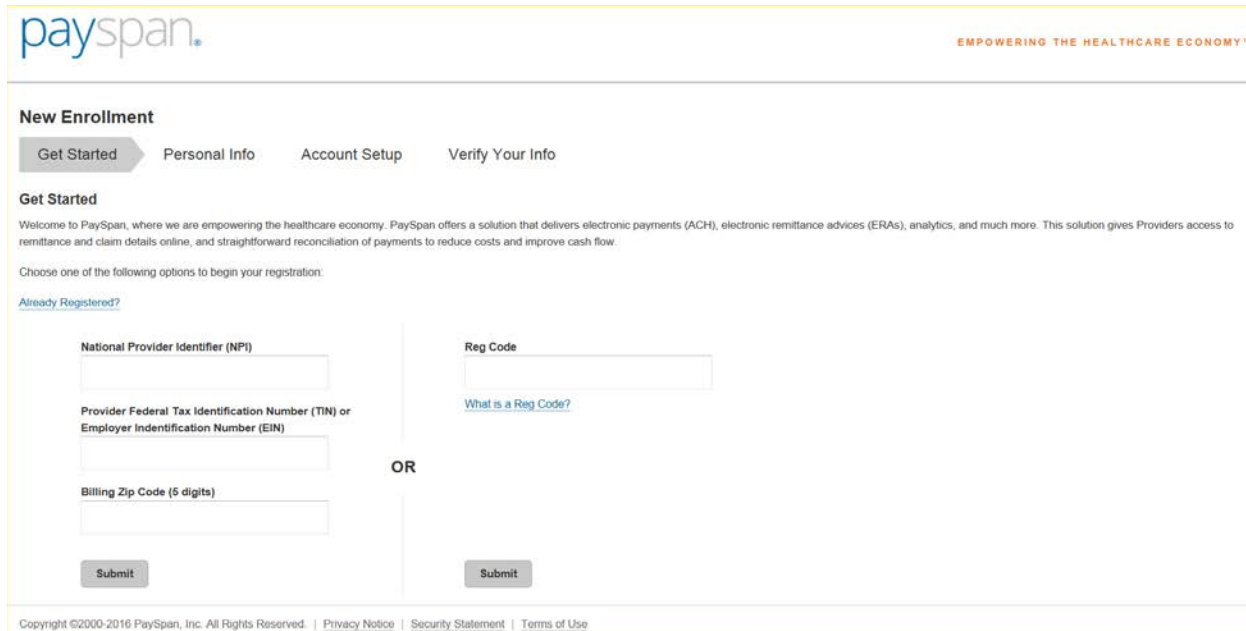
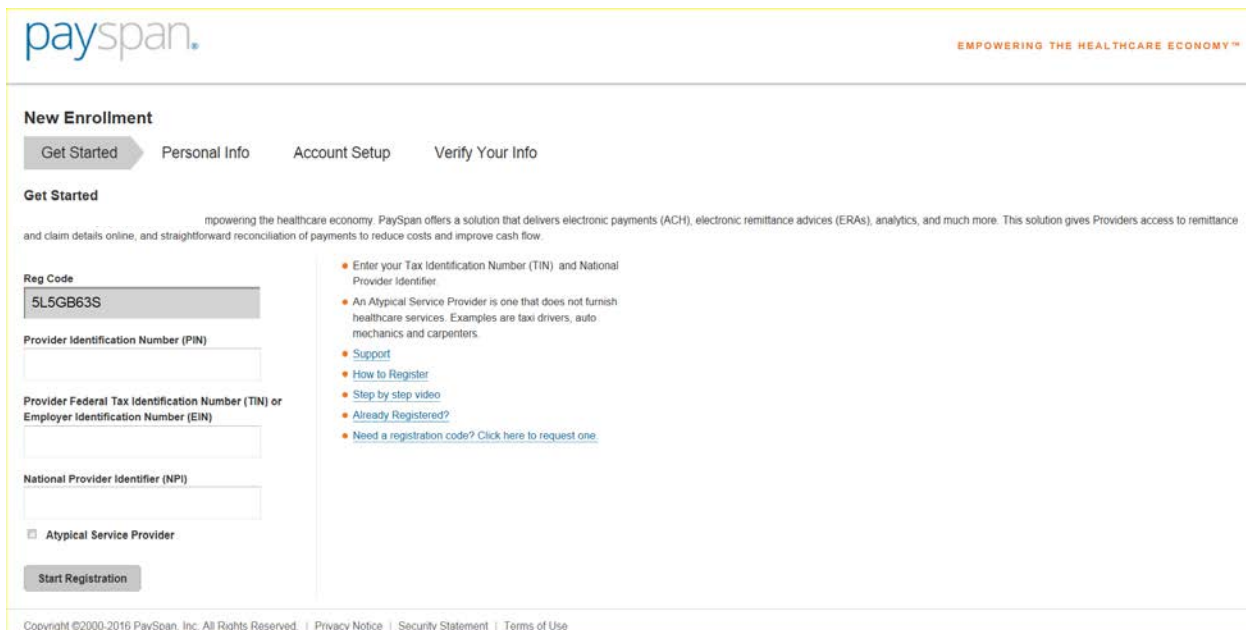


How to Register for PaySpan

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



- 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.**



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.

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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>Provider Contact Name</p> <input type="text"/> <small>Administrators full name</small> <p>Email Address</p> <input type="text"/> <small>Notifications will be sent to this address.</small> <p>Confirm Email Address</p> <input type="text"/>	<p>Username</p> <input type="text"/> <small>Minimum 6 characters and may include: letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersands (@), periods (.)</small> <p>Password</p> <input type="password"/>	 <p><small>Your IP address has been logged and may be used to authenticate your identity.</small></p>
<p>Telephone Number</p> <input type="text"/> <small>Please use the 000-000-0000 format.</small> <p>Title</p> <input type="text"/>	<p>Confirm Password</p> <input type="password"/> <p>Challenge Question</p> <input type="text"/> <small>In what city was your first job?</small> <p>Challenge Answer</p> <input type="text"/>	

Next

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Set Up Your Account

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

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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>Account Name</p> <input type="text"/> <small>This is the name that will be used to identify this receiving account throughout the PaySpan system.</small> <p>Financial Institution Routing Number</p> <input type="text"/>	<p>Provider's Account Number with Financial Institution</p> <input type="text"/>	<p>Payer: Fabrikam Insurance Company</p> <p>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.</p> <p>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.</p>
<p>Confirm Provider's Account Number with Financial Institution</p> <input type="text"/>	<p>Type of Account at Financial Institution</p> <input type="text"/> <small>Business Checking</small> <p><input checked="" type="checkbox"/> Enable Electronic Payment</p> <p><input type="checkbox"/> Request Paper Remittance</p> <p><input checked="" type="checkbox"/> Assign new or additional Payers to this receiving account</p>	

Back **Next**

Verify Your Info

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

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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

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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

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