

FOLLOW THESE INSTRUCTIONS TO GET STARTED WITH PAYSAN® HEALTH, AN EFT AND ERA WEB BASED SOLUTION:

1 Call 1-877-331-7154 for your unique registration code. Then, visit payspanhealth.com and click **Register**.

2 Enter your registration code and click **Submit**.

3 Enter your PIN, TIN or EIN, and NPI. Then, click **Start Registration**.

| | | |
|---|-----------|---|
| <p>National Provider Identifier (NPI)</p> <input type="text"/> | OR | <p>Reg Code</p> <input type="text"/> |
| <p>Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)</p> <input type="text"/> | | <p><small>What is a Reg Code?</small></p> |
| <p>Billing Zip Code (5 digits)</p> <input type="text"/> | | |
| <input type="button" value="Submit"/> | | <input type="button" value="Submit"/> |

4 Populate the requested Personal Information. Click **Next**.

| | |
|---|---|
| <p>Provider Contact Name</p> <input type="text"/> | <p>Username</p> <input type="text"/> |
| <p><small>Administrators full name</small></p> | <p><small>Minimum 8 characters and may include: letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersands (&), periods(.)</small></p> |
| <p>Email Address</p> <input type="text"/> | <p>Password</p> <input type="text"/> |
| <p><small>Notifications will be sent to this address.</small></p> | <p>Confirm Password</p> <input type="text"/> |
| <p>Confirm Email Address</p> <input type="text"/> | <p>Challenge Question</p> <input type="text"/> |
| <p>Telephone Number</p> <input type="text"/> | <p><small>In what city was your first job?</small></p> |
| <p><small>Please tell us the 000-000-0000 format.</small></p> | <p>Challenge Answer</p> <input type="text"/> |
| <p>Title</p> <input type="text"/> | <input type="button" value="Next"/> |

5 Designate an account for fund transfers by completing the required fields. Click **Next**.

Account Name

This is the name that will be used to identify this receiving account throughout the PaySpan system.

Financial Institution Routing Number

Provider's Account Number with Financial Institution

Confirm Provider's Account Number with Financial Institution

Type of Account at Financial Institution

Enable Electronic Payment

Request Paper Remittance

The Payer does not allow paper remittance.

Assign new or additional Payers to this Receiving account

6 Verify your information and check the box to agree to the service agreement. Then, click **Confirm**.

7 Within a few business days, you will receive a deposit of less than \$1 from PaySpan. Then, follow these steps to complete registration:

- ▶ Contact your financial institution to obtain the amount deposited by PaySpan.
- ▶ Log into PaySpan, and click **Payments**.
- ▶ Click the **Account Verification** link on the left side of the screen.
- ▶ Enter the amount of the deposit in this format: 0.00.

(The deposit does not need to be returned.)

For PaySpan registration assistance, call: **1-877-331-7154**
 Email: providersupport@payspanhealth.com