

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

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

<p><b>Provider Contact Name</b></p> <input type="text"/>	<p><b>Username</b></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 (&amp;), periods(.)</small></p>
<p><b>Email Address</b></p> <input type="text"/>	<p><b>Password</b></p> <input type="password"/>
<p><small>Notifications will be sent to this address.</small></p>	<p><b>Confirm Password</b></p> <input type="password"/>
<p><b>Confirm Email Address</b></p> <input type="text"/>	<p><b>Challenge Question</b></p> <input type="text"/>
<p><b>Telephone Number</b></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><b>Challenge Answer</b></p> <input type="text"/>
<p><b>Title</b></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](mailto:providersupport@payspanhealth.com)