

How to Register for PaySpan® Health

- Go to www.payspanhealth.com and click the **Register Now** button.
- If you don't have a Registration Code, simply enter your NPI, TIN and Billing Zip Code and click **Submit**.
- If you do have a Registration Code enter it in the box on the right and click **Submit**.

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)

Submit

OR

Reg Code

[What is a Reg Code?](#)

Submit

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- Providers that register with a Registration Code will also need to enter their PIN and TIN then click **Start Registration**.

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Reg Code

Provider Identification Number (PIN)

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

Start Registration

- Enter your Tax Identification Number (TIN)
- [Support](#)
- [How to Register](#)
- [Step by step video](#)
- [Already Registered?](#)

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Personal Info -- Enter your personal contact information and designate a user name and password.

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 Anesthesia

Provider Tax Identification Number: 88-8888888

National Provider Identifier: 9999999999

Provider Contact Name:

Administrators full name

Email Address:

Notifications will be sent to this address.

Confirm Email Address:

Telephone Number:

Please use the 000-000-0000 format.

Title:

Office Manager

Username:

Minimum 8 characters and may include:
letters (a-z), numbers (0-9), dashes (-),
underscores (_), ampersats (@), periods (.)

Password:

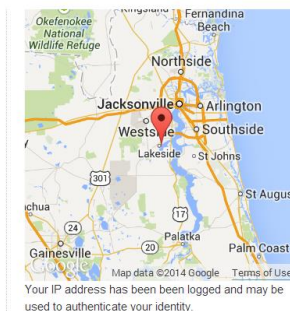
Confirm Password:

Challenge Question:

In what city was your first job?

Challenge Answer:

Next



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

New Enrollment

☒ Get Started
 ☒ Personal Info
 ☒ **Account Setup**
☐ Verify Your Info

Set Up Your Account

Provider Name: DrBarbaraSmith
 Provider Tax Identification Number: 789357421
 National Provider Identifier: 1234567890

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
Business Checking

☒ Enable Electronic Payment

☐ Request Paper Remittance

☒ Assign new or additional Payers to this receiving account

Back Next

Payer
Fabrikam Insurance Company

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.

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.

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Verify Your Info -- Review the information you entered and if correct, check the box to agree to the Services Agreement, Business Associate Agreement and click **Confirm**.

New Enrollment

☒ Get Started
 ☒ Personal Info
 ☒ Account Setup
 ☒ **Verify Your Info**

Verify Your Info

Provider Name: DrBarbaraSmith
 Provider Tax Identification Number: 789357421
 National Provider Identifier: 1234567890

Individual Information

Provider Contact Name:

Me Me

Telephone Number:

904080888

Email Address:

meme@jpfcdemo.com

Username:

meme@jpfcdemo.com

Your Bank Account Information

Account Name:

My Account

Financial Institution Name:

SPACE COAST CREDIT UNION

Financial Institution Routing Number:

263079373

Provider's Account Number with Financial Institution:

12345

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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If you registered for electronic payments, you will:

- Receive a deposit of less than one dollar from PaySpan within a few business days
- Contact your financial institution to obtain the amount
- Log into PaySpan
- Click Your Payments
- Click the Account Verification link to activate your account
- The deposit does not need to be returned to PaySpan

For assistance:

Call 1-877-331-7154 option 1, Monday through Friday, 8am to 8pm, ET or contact us via email at providersupport@payspanhealth.com