

## How to Register for Payspan

- Go to [www.payspanhealth.com](http://www.payspanhealth.com) and click the **Register Now** button.
- If you are registering for the very first time on Payspan, and you don't have a Registration Code, simply enter your NPI, TIN and Billing Zip Code and click **Submit**. (This feature is only available for first-time provider registration).
- 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 e[...]  
more. This solution gives Providers access to remittance and claim details online, and straightforward reconciliation of [...]

Choose one of the following options to begin your registration:

[Already Registered?](#)

<p><b>National Provider Identifier (NPI)</b></p> <input style="width: 90%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p><b>Reg Code</b></p> <input style="width: 90%; height: 25px; border: 1px solid #ccc;" type="text"/>
<p><b>Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)</b></p> <input style="width: 90%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p><a href="#">What is a Reg Code?</a></p>
<p><b>Billing Zip Code (5 digits)</b></p> <input style="width: 90%; height: 25px; border: 1px solid #ccc;" type="text"/>	
OR	
<input style="background-color: #0070C0; color: white; padding: 5px 15px; border: none;" type="submit"/>	<input style="background-color: #0070C0; color: white; padding: 5px 15px; border: none;" type="submit"/>

### Get Started

- Providers that register with a Registration Code will also need to enter their PIN and TIN then click **Start Registration**. **Please note** if the Payspan registration code has an NPI associated to it, NPI will also be requested on the Get Started screen. Providers can click the “Atypical Service Provider” box to bypass entering the NPI to complete registration.



E

### New Enrollment

- Get Started
- Personal Info
- Account Set Up
- Verify Your Info

### Get Started

Welcome to PaySpan, where we are empowering the health care economy. PaySpan offers a solution that delivers electronic payments (ACH), electronic remittance advices. Providers access to remittance and claim details online, and straightforward reconciliation of payments to reduce costs and improve cash flow.

RegCode:

Provider Identification Number (PIN):

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

 - 

National Provider Identifier (NPI):

Atypical Service Provider

Start Registration

- Enter your Tax Identification Number (TIN) and Provider Identification Number (PIN)
- PIN errors? Try using all capital letters. PINs are case sensitive.
- An Atypical Service Provider is one that does not furnish health care services. Examples are taxi drivers, auto mechanics, and carpenters.
- [Support](#)
- [How to Register](#)
- [Already Registered?](#)

### 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

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

Your IP address was used to determine your location.

Property of Payspan, Inc.  
1-877-331-7154

www.payspanhealth.com  
providersupport@payspanhealth.com

## Account Setup

- Designate the bank account you wish to have funds deposited into 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

**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.

## 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

<h4>Individual Information</h4> <p>Provider Contact Name: Me Me</p> <p>Telephone Number: 9048888888</p> <p>Email Address: meme@pfcdeemo.com</p> <p>Username: meme@pfcdeemo.com</p>	<h4>Your Bank Account Information</h4> <p>Account Name: My Account</p> <p>Financial Institution Name: SPACE COAST CREDIT UNION</p> <p>Financial Institution Routing Number: 263079373</p> <p>Provider's Account Number with Financial Institution: 12345</p> <p>EFT Enabled: Yes</p>	<ul style="list-style-type: none"><li>● Please verify the information you have entered is correct. Select Confirm to complete registration or Back to edit your information.</li><li>● By confirming your registration, you are agreeing to the terms and conditions detailed in the Service Agreement.</li><li>● Access to view remittance details online is available the day after you complete registration and your account is activated (no longer in Pending status.)</li><li>● Payments from all current and future payers will be assigned to this receiving account unless you designate a separate account.</li></ul>
--	--	--

Electronic Signature of Person Submitting Enrollment:

I agree to the [Services Agreement](#).

I accept the [Business Associate Agreement](#)

## Confirm Your Payspan Account for Electronic Payments

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

*(Note: If you are registering to view EOPs online only, not electronic payments, the above steps do not apply).*

### For assistance:

- Call 1-877-331-7154 option 1
- Email [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

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

## To Add Additional Registration Codes to your Payspan Account

From the Your Payment screen xxx

Home > Your Payments

### Add Registration Code

Verify RegCode Account Info

#### Verify Your RegCode

**Reg Code:**

**Provider Identification Number (PIN):**

**Tax Identification Number (TIN):**  
 -

**National Provider Identifier (NPI):**


Atypical Service Provider

**Start Registration**

- Enter your Reg Code, PIN, and TIN
- PIN errors? Try using all capital letters. PINs are case sensitive.
- An Atypical Service Provider is one that does not furnish health care services. Examples are taxi drivers, auto mechanics, and carpenters.
- [Support](#)

## Account Info

Select an existing Payspan Receiving Account for the additional registration code, or click the Create New Receiving Account button to add a new receiving account.



[Home](#) > [Your Payments](#)

### Add Registration Code

Verify RegCode  Account Info


#### Select an Account

**Provider Name:** Pediatric Associates of Argyle  
**Provider Tax Identification Number:** 123456789  
**National Provider Identifier:** 9876543213

**Existing Receiving Account(s):**

\*List is limited to EFT enabled accounts only for this RegCode.


**OR:**

Assign future payments paid to your TII to the receiving account selected above. 

---

**Registration code:**  
Q4YX3SDX

**Payer:**  
Northwind Insurance Company

 **Viewing Payment Data**

Access to view remittance details online is available the day after you complete registration and your account is activated (no longer in Pending status).

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

Copyright ©2000-2013 PaySpan, Inc. All Rights Reserved. | [Privacy Notice](#) | [Terms & Conditions](#)