

## How to Register for PaySpan

- Call 1-877-331-7154 Option 1 for your unique registration code.
- Go to [www.payspanhealth.com](http://www.payspanhealth.com) and click the **Register Now** button.
- Enter your Registration Code and click **Submit**.



### 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 (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.

RegCode:

- [Support](#)
- [How to Register](#)
- [Already Registered?](#)

- Enter your Registration Code, Provider ID Number (PIN), Tax ID Number (TIN) or Employer Identification Number (EIN) and you National Provider Identifier (NPI) and click **Start Registration**.



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RegCode:

Provider Identification Number (PIN):

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

National Provider Identifier (NPI):

Atypical Service Provider

- Enter your Provider Identification Number (PIN), Tax Identification Number (TIN), and National Provider Identifier.
- PIN errors? Try using all capital letters. PINs are case sensitive.
- An Atypical Service Provider is one that does furnish health care services. Examples are taxi drivers, auto mechanics and carpenters.
- [Support](#)
- [How to Register](#)
- [Already Registered?](#)

## 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.



### New Enrollment

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#### 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: EASTERN SHORE ONCOLOGY PC  
 Provider Tax Identification Number: 50-0000005  
 National Provider Identifier:

Provider Contact Name:

Administrators full name:

Email Address:

Notifications will be sent to this address.

Confirm Email Address:

Telephone Number:

Please use the 300-000-0000 format.

Title:

Office Manager:

Username:

Minimum 8 characters and may include letters (a-z), numbers (0-9), dashes (-), underscores (\_), ampersands (&), periods (.)

Password:

Confirm Password:

Challenge Question:

In what city was your first job?

Challenge Answer:



See over 80013 Google+ [Terms of Use](#)  
 Your IP address has been logged and may be used to authenticate your identity.

## Set Up Your Account

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

The screenshot shows the 'Set Up Your Account' step of the 'New Enrollment' process. The 'Account Set Up' tab is active. The provider information is pre-filled: Eastern Shore Oncology PC, Tax ID 50-0000005, and National Provider Identifier. The 'Account Name' field is empty. The 'Enveloping Method' is set to 'PaySpan Health'. There are checkboxes for 'Request Paper Remittance' and 'Assign future payments paid to your TR to this receiving account'. The 'Enable Electronic Payment' checkbox is checked. The 'Payer' is 'PaySpan Health System'. The 'Your Bank Account Information' section includes fields for Financial Institution Name, Routing Number, and Account Number, with a 'Confirm' button. A 'Back' button is also present.

## Verify Your Info

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

The screenshot shows the 'Verify Your Info' step of the 'New Enrollment' process. The 'Verify Your Info' tab is active. The provider information is pre-filled. The 'Individual Information' section includes fields for Provider Contact Name, Telephone Number, Email Address, and Username. The 'Your Bank Account Information' section includes fields for Account Name, Financial Institution Routing Number, and Provider's Account Number with Financial Institution. There are checkboxes for 'EFT Enabled' and 'Yes'. A 'Back' button is present. A confirmation message states: '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.' A 'Confirm' button is also present.

If you registered for electronic payments, 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](mailto:providersupport@payspanhealth.com)

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