

## 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?](#)

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- 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?](#)

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## 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

Get Started Personal Info Account Set Up 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: 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 000-000-0000 format.

Title:

Username:

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

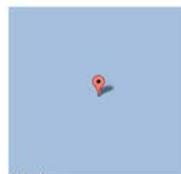
Password:

Confirm Password:

Challenge Question:

In what city was your first job?

Challenge Answer:



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

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## Set Up Your Account

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



EMPOWERING THE HEALTHCARE ECONOMY™

### New Enrollment

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

#### Set Up Your Account

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

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

Enveloping Method:  
PaySpan Health

Enveloping Format Information:

Request Paper Remittance

Enable Electronic Payment

Financial Institution Name:

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

Assign future payments paid to your TRN to this receiving account.

Payer:

PaySpan Health System

Payments from this payer will be issued as Virtual Cards. Creating an EFT account will not change the method of payment from this Payer.

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

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



EMPOWERING THE HEALTHCARE ECONOMY™

### New Enrollment

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

#### Verify Your Info

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

##### Individual Information

Provider Contact Name:

Provider Contact

Telephone Number:

904-888-7029

Email Address:

contact@provider.com

Username:

contact@provider.com

Electronic Signature of Person Submitting Enrollment:

I agree to the Services Agreement.

##### Your Bank Account Information

Account Name:

Medical Account

Financial Institution Routing Number:

263079372

Provider's Account Number with Financial Institution:

96202013

Enveloping Method:

PaySpan Health

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.

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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. 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.