

## Alegeus ProviderNet Registration Instructions

This document provides step-by-step instructions on how to register with Alegeus ProviderNet to receive electronic payments and remittance advices. Any questions during this process should be directed to Alegeus Provider Services at [ProviderNet@Alegeus.com](mailto:ProviderNet@Alegeus.com) or 877-389-1160.



Sign In

E-mail

Password

[Forget your password?](#)

### Welcome To Alegeus ProviderNet

Alegeus ProviderNet gives healthcare providers an easy-to-use portal to manage claims payment and receivables tied to specific payers. For approved claims, payers transmit payment and remittance details in standard HIPAA formats through the portal. Rather than receiving paper checks and printed remittance documents, which can require substantial effort to post and reconcile, registered providers will receive payments and remittance information electronically. ACH payments are automatically generated and routed to the configured destination accounts, and ERAs are posted on Alegeus ProviderNet. Alegeus ProviderNet users are then able to log in and view, search, and download their electronic remittance information in human readable formats.



### Register Now

Alegeus ProviderNet's user-friendly, online registration process will allow you to enter your office locations and depository accounts, and authorize specific payers to initiate electronic claim payments via ACH. Once registered, you can immediately begin experiencing the convenience and efficiency of electronic processes - receiving both electronic payment and remittance advice (ERA) transmissions from your payers. It's that easy!

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#### Important Notice

According to HIPAA rules and regulations, the sharing of such information and usage of the account by others who are not actually performing or planning to perform the procedures constitutes improper use of PHI and is a violation of the HIPAA rules and regulations.

1. Go to <https://providernet.alegeus.com/>
2. Click Register
3. Accept the Terms and Conditions

To get started with ProviderNet, please answer a few verification questions...

If you are a Billing Service, [click here](#) to register.  
 If you are a Clearinghouse, [click here](#) to register.

**What is your National Provider ID (NPI)?\***

If your organization has submitted an EFT application to Alegeus (formerly FIS/Metavante), please enter the same NPI and TaxID as used on the application.

**What is your primary Federal Tax ID?\***

**Select a Payer\***

**Enter a recent Check or EFT Number from the selected payer\***

**Special Note:** if you are entering a number for an EFT payment, please enter it exactly as it is shown on your Explanation of Payment (e.g., EFT123456).

Required fields are in bold

Continue

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4. Answer verification questions
  - a. Select the Payer as **Molina Healthcare**
  - b. Enter your primary NPI, Tax ID, a recent Claim Number and a recent Check Number associated with a recent payment from Molina Healthcare
    - i. NPI is required, and should be the main identifier for your business
    - ii. Note that all fields with bold labels are required
    - iii. Other Tax IDs may be entered when registration is completed

Create a User Account to access payment information online.  
 Your E-mail Address will become your User ID.

**User E-mail Address\***

**Confirm E-mail Address\***

**User Name\***

**Password\***

**Confirm Password\***

**Password Reset Question\***

**Password Reset Response\***

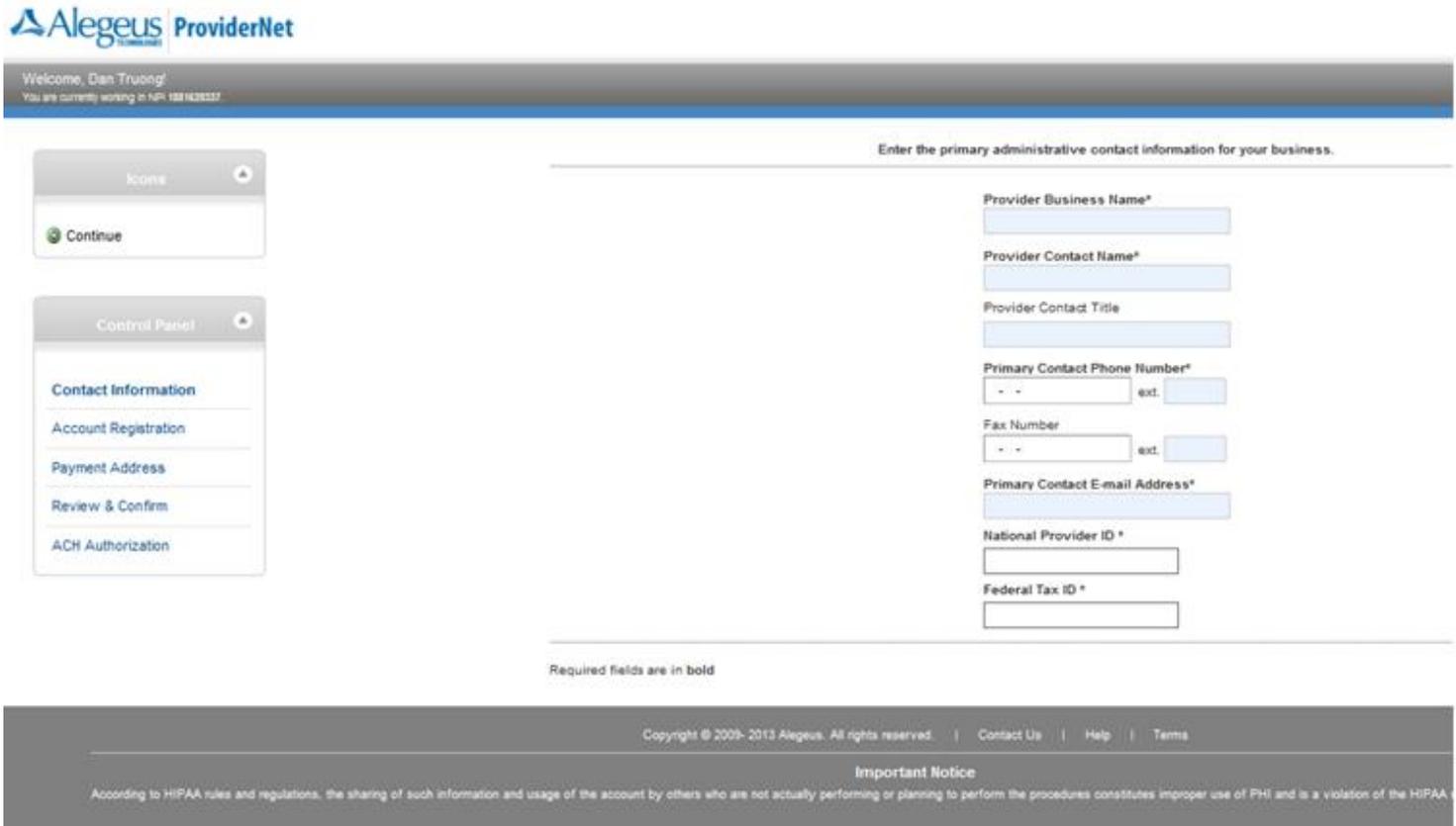
Required fields are in bold

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5. Create a user account to access Alegeus ProviderNet
  - a. Your e-mail address will be your user name
  - b. A strong password is required, and must have a combination of at least eight letters and Numbers



Welcome, Dan Truong  
You are currently working in NPI 1881638337

Icons

Continue

Control Panel

Contact Information

Account Registration

Payment Address

Review & Confirm

ACH Authorization

Enter the primary administrative contact information for your business.

**Provider Business Name\***

**Provider Contact Name\***

**Provider Contact Title**

**Primary Contact Phone Number\***

- - ext.

Fax Number

- - ext.

**Primary Contact E-mail Address\***

**National Provider ID \***

**Federal Tax ID \***

Required fields are in bold

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6. Enter your administrative contact information
  - a. NPI and TaxID should be pre-filled with the same ones you entered for verification

Welcome, Dan Truong!  
You are currently working in NPI 1881628337.

Icons

Continue

Control Panel

- Contact Information
- Account Registration**
- Payment Address
- Review & Confirm
- ACH Authorization

Enter the primary bank account information for your business.  
You will have the ability to enter additional accounts after registration is complete.

**Account Name/Nickname\***  
Dan Truong Checking

**Primary Account Holder Name\***  
[Empty]

**Bank Name/Financial Institution\***  
[Empty]

**Routing Number\***  
[Empty]

**Account Number\***  
[Empty]

Savings Account

Required fields are in bold

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- b. Enter the bank account that will receive the ACH deposits.
- c. You may enter additional bank accounts once registration is complete

Welcome, Dan Truong!  
You are currently working in NPI 1881628337.

Control Panel

- Contact Information
- Account Registration
- Payment Address**
- Review & Confirm
- ACH Authorization

Select atleast one address where you receive payments.  
You will have the ability to enter additional addresses after registration is complete.  
The address below was loaded from Molina Healthcare payment history for NPI 1881628337 and TIN 300345009 .  
NOTE: If you change this address information, the EFT process may be interrupted.

Description	Addressee	Address1	Address2	City
<input checked="" type="checkbox"/> HEALTH CARE	HEALTH CARE	101 BUENA		PENTAS

Required fields are in bold

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**Important Notice**

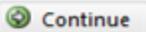
According to HIPAA rules and regulations, the sharing of such information and usage of the account by others who are not actually performing or planning to perform the procedures constitutes improper use of PHI and is a violation of the HIPAA rules and regulatio

- 7. Enter you Mail to Name (i.e. Pay-to Name) EXACTLY as it is on your recent payment Explanation from Molina Healthcare.

Enter the Address Line 1, 2, City, State and Zip EXACTLY as it is on your recent payment Explanation from Molina Healthcare.

These pieces of information are CRITICAL to the registration matching process between Alegeus ProviderNet and Molina Healthcare.

Review your information below for accuracy.  
 Click a [Section Heading](#) to edit the corresponding information.  
 Click Continue when you are finished reviewing your information.

 Continue

**ProviderNet**

UserID	dan.truong@fisglobal.com
User Name	Dan Truong
Password Reset Question	What is your pet's name?
Password Reset Response	dog

**Provider Contact Information**

Business Name	Dan Truong Company
Contact Name	Dan Truong
Contact Title	CEO
Contact Phone Number	972-323-3131
Contact Fax Number	972-323-3130
Contact E-mail Address	dan.truong@fisglobal.com
National Provider ID	
Federal Tax ID	

**Payment Address**

Address Name	HEALTH CARE
Address Line 1	101 BUENA
Address Line 2	
City	PENITAS
State, Zip	TX,

- Review the information that was entered in the preceding steps. If you need to change anything, click a blue section heading or use the menu on the left to navigate to that form.

**ACH AUTHORIZATION FORM**

Please complete and sign the following ACH Authorization form. Fax completed form, voided check or bank letter to Providernet Support: 802-843-1916. Note: A completed and signed ACH form and a voided check or bank letter must be returned to complete the Providernet registration and verification process.

SECTION I - PROVIDER INFORMATION	
<input checked="" type="checkbox"/> New Provider <input type="checkbox"/> Modify Existing Provider	
Provider Business Name	Dan Truong Company
Provider Addressee	HEALTH CARE
Address	101 BUENA ST
City, State, ZIP	PENITAS
NPI	
TaxID	
Primary Contact Name	Dan Truong
Phone # / Ext	972-323-3131
Fax #	972-323-3130
E-mail	dan.truong@fsglobal.com

SECTION II - AUTHORIZATION	
<p>I authorize Alegeus to initiate direct deposit of accounts payable disbursements into the account specified below, and approve reversal of any such funds if deposit is submitted in error, provided that all transactions are executed in accordance with NACHA operating rules. I understand that this authorization will remain in effect until cancelled in writing and it is my responsibility to notify Alegeus of any changes to this account. I understand that either Alegeus or I can terminate the Electronic Funds Transfer process with 30 days of written advance notice.</p>	
Signature	Primary Contact Name Dan Truong
Title	CEO
Date	05/02/2013

SECTION III - ACCOUNT INFORMATION	
Bank Name/Financial Institution	Capital One Bank
Routing Number	111901014
Account Number	123456789
Account Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings



9. Print, Sign, and return the ACH Authorization Form to Alegeus. Once we have received this form we will issue a zero-dollar transaction to test your bank account information. If Alegeus does not receive a rejection notice within ten days, the account is activated and made available for ACH transactions.
  
10. Clicking Continue takes you to the Providernet Start screen, where you would usually see a summary of your recent payments. However, this summary may not be available when you first log in, as payment history is loaded to Providernet nightly. If that is the case, please check back on the following day.