

Provider EFT/ERA Enrollment

The Provider will be presented three enrollment options:

- **Enroll using your Provider Portal Account:** Option for providers who have an existing ProviderPayments.com account.
- **Enroll using TIN:** Option for providers who do not have an existing ProviderPayments.com account.
- **Enroll using Enrollment Code:** Not in use.



Provider Account Authentication

ENROLLMENT OPTIONS

- Enroll using your Provider Portal Account**
- Enroll using TIN**
- Enroll using Enrollment Code**



Provider EFT/ERA Enrollment

Enroll using your Provider Portal Account

- Selecting the radio button will display the Username and Password fields.
- Providers should use the same Username and Password as their existing ProviderPayments.com account to authenticate.
- When the provider selects the Log In button, the online EFT/ERA Enrollment form will display. NOTE: This is not accessing the ProviderPayments.com portal.
- If the provider selects the Can't access your account? Click Here link, they will be redirected to ProviderPayments.com to complete the account retrieval process.



Provider Account Authentication

ENROLLMENT OPTIONS

- Enroll using your Provider Portal Account
- Enroll using TIN
- Enroll using Enrollment Code

ENROLL USING YOUR PROVIDER PORTAL ACCOUNT

Username:

Password:

Log In

Cancel

Can't access your account? [Click Here](#)

Provider EFT/ERA Enrollment

Enroll using TIN

- Option for providers who do not have an existing ProviderPayments.com account. For security purposes, the provider will need to use a payment received from ECHO to verify and confirm identity.
- Selecting the radio button will display additional fields to authenticate the provider.
- The provider will then enter their TIN, the ECHO Draft (check) Number, and the Draft Amount to verify their identity.
- When the provider selects the Submit button, the online EFT/ERA Enrollment form will display.
- Providers may also use their TIN, an existing Payor Check Number and Patient Account Number from a payment issued by ECHO.

Provider Account Authentication

ENROLLMENT OPTIONS

- Enroll using your Provider Portal Account
- Enroll using TIN
- Enroll using Enrollment Code

ENROLL USING YOUR TIN

- I have Draft No
- I don't have Draft No

Tax Identification Number (TIN):

Draft Number:

Draft Amount:

Submit

Cancel

ENROLL USING YOUR TIN

- I have Draft No
- I don't have Draft No

Tax Identification Number (TIN):

Payor Check No:

Patient Account No:

Submit

Cancel

Provider EFT/ERA Enrollment



Sample Return Address
 P.O. Box 12345
 Sample, OH 44123



- ✓ The ECHO Draft number can be found on all provider Explanation of Provider Payments (EPP).

Sample Provider
 Suite 123
 123 Anywhere Street
 Anywhere, US 12345



Your name, Sample Provider, and Tax ID have been verified by the IRS.

Tax ID: 123456789 **EPC Draft #:** 999999999 *Payment Week:* 40 *Payment Date:* 01/01/1900 Page 1 of 2

Service Date	Code or Description	Explanation Codes	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment Amount
							Co-Ins	Co-Pay	Deductible	Non-Cov	
Provider: SAMPLE PROVIDER				Patient Acct #: 555555555			Group/Check Number: ABC/123456				
Network: SAMPLE NETWORK				Member Number: 123456789			Customer Service #: 111.111.1111				
Patient Name: JOHN DOE				Claim Number: 1111111111			Administered By: TPA				
01/23/20	99214	45	142.00	44.40	0.00	0.00	0.00	50.00	0.00	0.00	47.60
Total:			142.00	44.40	0.00	0.00	0.00	50.00	0.00	0.00	47.60

Provider EFT/ERA Enrollment

Online EFT/ERA Enrollment form

- Once the provider completes the authentication steps the online EFT/ERA Enrollment form will display.
- The online EFT/ERA Enrollment form is the same version as the PDF version of the EFT/ERA Enrollment form.

**EFT (Electronic Funds Transfer) and
ERA (Electronic Remittance Advice) Enrollment Form**



[Logout](#)

Instructions

- This is a fillable form. Complete all sections that apply to your enrollment choice (EFT & ERA, EFT, or ERA). Note: Information in yellow text boxes is required for all enrollment types. Information in blue text boxes is required for EFT. Information in red text boxes is required for ERA.
- Enrollments are handled at the Tax ID level. All NPIs associated with specified TIN will be automatically enrolled.
- If your Tax ID would like to receive payments via more than one bank account, please contact EDI@ECHOHealthInc.com
- For information about the status of your enrollment, or for any other questions, please contact ECHO at 440.835.3511 or EDI@ECHOHealthInc.com
- Register at www.providerpayments.com for copies of your Explanations of Payments (EPPs), and to set up email notifications for payments.
- You will need to contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful association.

Form Select

Enrollment Form Type: EFT & ERA EFT Only ERA Only

Provider Information

Provider Name:
(Complete legal name of institution, corporate entity, practice or individual provider)

Provider Address

Street:
(The number and street name where a person or organization can be found)

City: State or Province: ZIP Code/Postal Code:
(City associated with provider address field) (ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.) (System of postal-zone codes [zip stands for "zone improvement plan"] introduced in U.S. in 1963 to improve maildelivery and exploit electronic reading and sorting capabilities.)

Provider Identifiers Information

Provider Identifiers

Provider EFT/ERA Enrollment



Online EFT/ERA Enrollment Form

- Provider TIN and NPI information and Provider Contact.
- Provider Agent information can be left blank if needed.

Provider Identifiers Information

Provider Identifiers

Provider Federal Tax Identification Number(TIN) or Employer Identification Number(EIN):
(A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity)

Does provider have a National Provider Identifier (NPI) Number? Yes No

National Provider Identifier (NPI):
A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Provider Contact Information

Provider Contact Name:
(Name of a contact in provider office for handling EFT and / or ERA issues)

Telephone Number: Email Address:
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)

Provider Agent Information (If Applicable)

Provider Agent Name:
(Name of a provider's authorized agent)

Provider Agent Contact Name:
(Name of contact in agent office for handling EFT and / or ERA issues)

Telephone Number Email Address:
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider agent)

Provider EFT/ERA Enrollment

Online EFT/ERA Enrollment Form

- Provider Banking for EFT enrollment.

Financial Institution Information

Financial Institution Name:
(Official name of the provider's financial institution)

Financial Institution Routing Number:
(A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited) Where is my routing number and account number? [?](#)

Type of Account at Financial Institution: (The type of account the provider will use to receive EFT payment, e.g., Checking, Saving)

Provider's Account Number with Financial Institution:
(Provider's account number at the financial institution to which EFT payments are to be deposited)

Account Number Linkage to Provider Identifier. Select one option below.
(Provider preference for grouping [bulking] claim payments – must match preference for v5010 X12 835 remittance advice)

Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

Provider EFT/ERA Enrollment



Online EFT/ERA Enrollment Form

- ERA information.
- Vendor Information can be left blank if provider is unfamiliar with a Vendor.

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Provider preference for grouping [bulking] claim payment remittance advice – must match preference for EFT payment)

Provider Tax Identification Number (TIN):
(Required if NPI is not available)

National Provider Identifier (NPI):
(Required if TIN is not available)

Method of Retrieval
(The method in which the provider will receive the ERA from the health plan [e.g., download from health plan website, clearinghouse, etc.])

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name:
(Official name of the provider's clearinghouse)

Clearinghouse Contact Name:
(Name of a contact in clearinghouse office for handling ERA issues)

Telephone Number:
(Telephone number of contact)

Email Address:
(An electronic mail address at which the health plan might contact the provider's clearinghouse)

Electronic Remittance Advice Vendor Information

Vendor Name:
(Official name of the provider's vendor)

Vendor Contact Name:
(Name of a contact in vendor office for handling ERA issues)

Telephone Number:
(Telephone number of contact)

Email Address:
(An electronic mail address at which the health plan might contact the provider's vendor)

Provider EFT/ERA Enrollment

Online EFT/ERA Enrollment Form

- Signature and Submission information.
- Once complete, click “Submit”
- Once the form is submitted, we process the data through our proprietary fraud prevention system. If any red flags are found, we work directly with the submitter for resolution.

Submission Information

Reason for Submitting: New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature
(The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment)

Printed Name of the Person Submitting Enrollment:
(The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment)

Printed Title of Person Submitting Enrollment:
(The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment)

Submission Date: 20220121
(The date on which the enrollment is submitted)

By checking this box (required to submit this form), I accept the Terms and Conditions [Click here to read T&C](#)

Actions

*Required field(s) must be filled To submit this form.

Provider Payments Portal



The Provider Payment portal can be accessed from www.ECHOHealthInc.com by selecting the Provider Links menu in the upper right-hand corner.



Solutions

Who We Serve

About

Contact

Provider Links

Processing payments is costing you time and money.

Shouldn't there be a better way?

Provider Payments Portal

- The provider can also access the portal from www.ProviderPayments.com
- To create a new Provider Payments account, the provider should select the option at the bottom of the screen to register. The provider will need to provide their information including a valid TIN, Draft Number, and Draft Amount for authentication purposes.



Log In

Please enter your username and password to log in.

ACCOUNT INFORMATION

Username:

Password:

Log In



Can't access your account? [Click Here](#)

If you have not yet registered for the Provider Payments Portal, you can register now by [clicking here](#).

Provider Payments Portal

Once the provider has logged in to the portal, they will see the Inquiry page that lists the most recent payments from ECHO.

Additional capabilities include the following:

- Produce a printable PDF copy of the remittance by clicking on the EPP link.
- Select the “835” link to view the associated 835 file.
- View the settlement status, including an image of the cleared check via the links in the Settlement column.
- Select the left-hand arrow icon to expand the document to display claim level details.
- View current and prior year 1099s from ECHO.
- Manage new payment email notifications.



Welcome, Testdemo [Inquiry](#) | [Advanced Search](#) | [Add Additional TINs](#) | [View 1099s](#) | [My Account](#) | [Help](#) | [Logout](#)

Select TIN:

	<u>TIN</u> ▼	<u>Production Date of Document</u>	<u>Document ID</u>	<u>Payor</u>	<u>Payment Amount</u>	<u>Image of Document</u>	<u>Settlement</u>
▶	752986974	08-03-2013	Nonpayment RA	SAMPLE ADMINISTRATOR	\$.00	EPP 835	2013-08-05
▶	470765154	08-01-2013	904905622	SAMPLE ADMINISTRATOR	\$ 632.13	EPP 835	2013-08-05
▶	470687317	08-12-2013	118292737	SAMPLE ADMINISTRATOR	\$ 104.68	EPP 835	Not Cleared
▶	470641945	08-05-2013	904905575	SAMPLE ADMINISTRATOR	\$ 581.42	EPP 835	2013-08-05
▶	271564834	08-01-2013	904901336	SAMPLE ADMINISTRATOR	\$ 801.00	EPP 835	2013-08-05

ERA/EFT Supplemental Guide

Instructions and Verification Section:

Here you will find basic instructions on completing the form, including acceptable submission methods.

Payer/Insurance Company Name:

Specify only one payer for completing the form. You may submit multiple forms, but each must have the payer listed.

ECHO Draft Number:

To protect providers, we require that the submitter prove they can access previous payments issued to the provider. The draft number will be a 9 or 10 digit number assigned to a payment issued by ECHO Health Inc. ECHO Draft Numbers, also known as EPC Draft Numbers, can be located on paper EPPs typically above the first claim on your EPP. If you receive paper check payments from any payer with ECHO Health Inc., it is also the check number.

Please Note the ECHO Draft Number identifies the provider, not the payer. You can use any ECHO Draft number issued within the last 180 days from any payer; the payment doesn't need to be related to the payer referenced above.

ECHO Draft amount:

The ECHO Draft amount is the entire payment amount, not a claim or payer check number total. The check amount on a paper check will be the draft amount.

Section 1 – Form Selection:

EFT/ERA:

Most providers will select this option, which will allow them to specify directions on both the ACH payment and the entity that will receive the 835 files.

EFT Only:

This option will allow providers to specify directions on ACH payments and default the provider to our provider portal, providerpayments.com, to retrieve 835 files and pdf copies of their EPP.

ERA Only:

This option will default the provider to the existing payment preference on file and direct 835 files to the entity of their choice.

Section 2 – Provider Information:

Provider Name:

Supply the legal name for the Tax ID you are enrolling. The TIN should be consistent with the name listed on your W-9 form.

Provider Demographics (Street, City, State, Zip):

Supply the information consistent with your W-9 form.

Section 3 – Provider Identifiers Information:

Provider TIN or EIN:

This field is the primary identifier for directing payments, as it is a required field for all payers to supply when issuing payments through ECHO Health Inc.

Provider NPI:

The NPI yes/no and NPI fields are optional, as not all payments supplied by payers provide an NPI. The NPI on the standard form will not be used to direct payments.

**Please Note ** If you would like to complete your enrollment and direct payments under a TIN based on specific NPIs within the TIN, contact our EDI team and indicate you would like to do an NPI-based enrollment. You can contact our EDI team by calling 888-834-3511, or you can email the EDI team at EDI@echohealthinc.com

Section 4 & 4a – Provider Contact Information:

Provider Contact Name, Phone, Email:

In section 4, provide the contact person name, phone, and email we should reach out to for issues with EFT; in section 4a, provide the contact person we should reach out to for issues with ERA. You can list the same person, but some offices handle ACH and ERA processes separately, and you may designate a separate contact for each.

Section 5 & 5a – Provider Agent Information (optional):

Provider Agent Name, Phone, Email:

Most providers do not complete sections 5 & 5a on enrollment forms. Complete this section if you designate a separate agent outside your practice to handle EFT/ERA questions and issues. In section 5, provide the contact person name, phone, and email address we should reach out to for problems with EFT; in section 5a, give the contact person we should reach out to for issues with ERA. The contact can be the same person, but some offices handle ACH and ERA processes separately, and you may designate a separate contact for each.

Section 6 – Financial Institution Information:

(Only required if you selected EFT or EFT/ERA)

Financial Institution Name:

Provide the name of the bank or financial institution you are setting up for ACH deposits

Financial Institution Routing Number:

Provide the nine-digit routing number for the financial institution you set up for ACH payments. Make sure you supply the routing number specific to ACH payments. Some institutions have separate routing numbers for wire transfers; providing a wire transfer routing number will cause your enrollment to fail.

Type of account at Financial Institution:

Provide the type of account you would like to set up for ACH payments. Typically this will be a checking or savings account.

Account number at Financial Institution:

Provide the account number for the account you would like to set up for ACH payments. When completing the field, you may supply leading zeros if your bank lists your account with leading zeros, but they're typically not required for ACH payments.

Account Number Linkage:

Select the provider TIN radio button unless you have already contacted our ECHO Health Inc. EDI team and you are completing an NPI-based enrollment.

Section 7 – ERA Information:

Provider TIN/NPI:

Use the same information you used when completing section 3.

Method of retrieval:

Provide the method you will use to access 835/ERA information. Enter "clearinghouse" if you use a third-party service that will post your 835/ERA data. Enter "portal" if you use ECHO Health Inc's provider portal, providerpayments.com.

Section 8 – ERA Clearinghouse Information:

This section is only required if you entered “clearinghouse” in section 7 under the retrieval method.

Clearinghouse Name:

Provide the name of the company you use for clearinghouse services.

Clearinghouse Contact Name:

Provide a specific contact you work with or the designated payer contact at the clearinghouse. If you do not have a particular person, you can enter “customer service” or the department in charge of payer support.

Clearinghouse Telephone Number:

Provide the best contact number for the specific contact or department indicated in Clearinghouse Contact Name.

Clearinghouse email address:

Provide the best contact email for the specific contact or department indicated in Clearinghouse Contact Name.

Section 9 – ERA Vendor Information (optional):

This field is not required, but some providers use a software vendor to process ERA data through a clearinghouse automatically, and some clearinghouses also offer posting services as an additional offering. You may provide their information in this section.

Vendor Name:

Provide the name of the company you use for vendor services.

Vendor Contact Name:

Provide a specific contact you work with or the designated payer contact at the vendor. If you do not have a particular person, you can enter “customer service” or the department in charge of payer support.

Vendor Telephone Number:

Provide the best contact number for the specific contact or department indicated in Vendor Contact Name.

Vendor email address:

Provide the best contact email for the specific contact or department indicated in Vendor Contact Name.

Section 10 – Submission Information:

Reason for submission:

Choose new submission if this is the first time you submit enrollment for the payer identified at the beginning of the form. Choose change enrollment if you are updating an existing enrollment. Choose Cancel enrollment if you submit the form to remove your enrollment already on file.

Printed Name of Person Submitting Enrollment:

Provide the name of the person submitting the enrollment form.

Submission Date:

This field captures the date the form is signed and submitted. It is not an enrollment start date. Providing a future date will invalidate your submission and require you to complete a new enrollment form.

Authorized Signature:

The submitter must check the box, indicating they are an authorized representative for the provider and agree to the terms and conditions governing the EFT/ERA processes under ECHO Health Inc. Failure to check this box or refusal of the terms in conditions will result in a rejection of the enrollment form.

Signature of Person Submitting Enrollment:

Sign the form before submitting your enrollment. If you are completing the form online or using the fillable PDF, you may type your signature; you do not need to print the form.