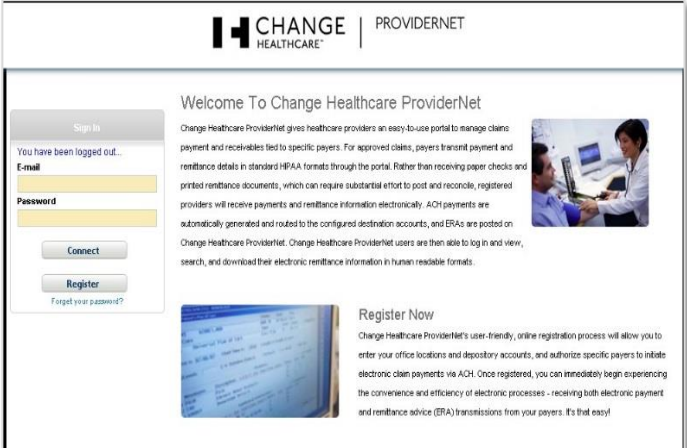
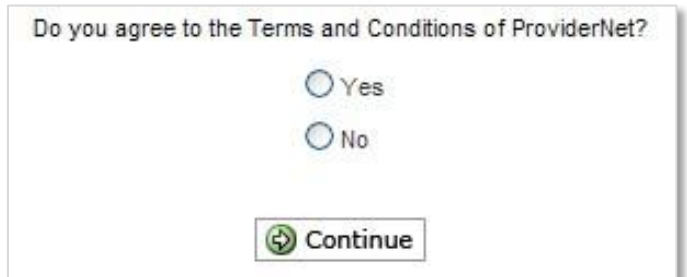
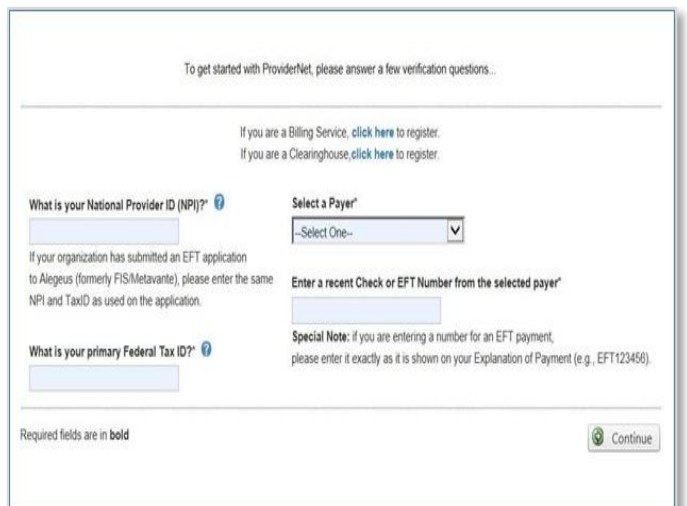


Self-Enrollment Steps

Website: <http://providernet.adminisource.com>

Step-by-Step Instructions:

<p>Select: “Register”</p>	
<p>Accept the Teams and Conditions of ProviderNet</p>	
<p>Enter your provider verification information:</p> <p>NOTE: If you have not received a payment from your payer, then you will not be able to complete registration until you have received your first payment.</p> <p>NOTE: The check number has to come from a payment you have received in the last year.</p> <p>Click “Continue”</p>	

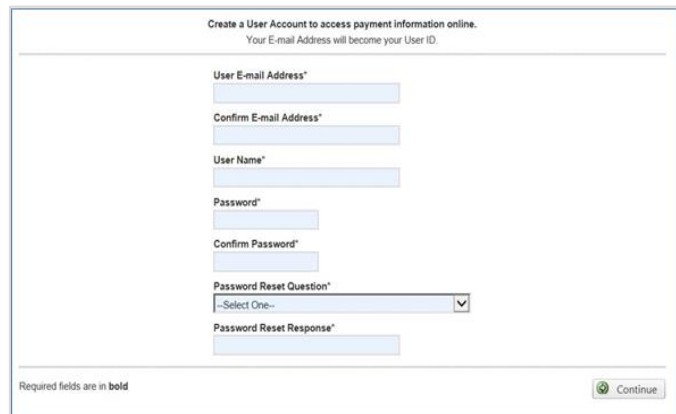
Change Healthcare ProviderNet

Create your user account by inputting the requested information.

Password requirements include:

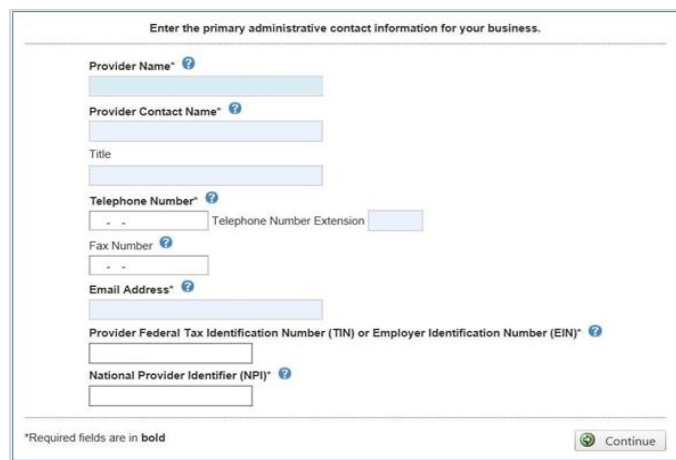
- No less than 8 characters
- No more than 10 characters
- At least 1 number

Click “Continue”

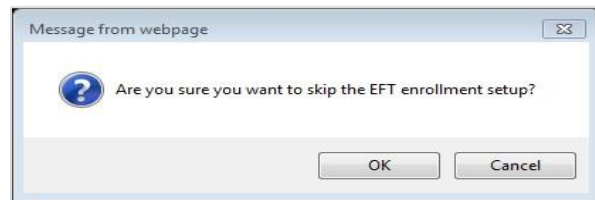


Add in the primary administrative contact information

Click “Continue”



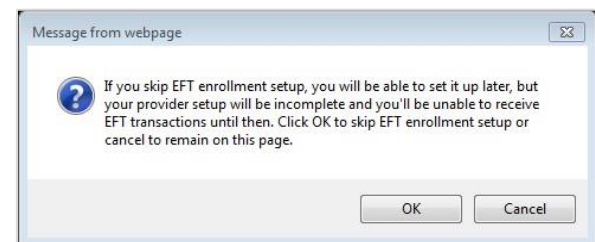
Select if you would like to continue registering without EFT enrollment or continue registering for EFT



If you chose to skip EFT enrollment you will be able to set it up later.

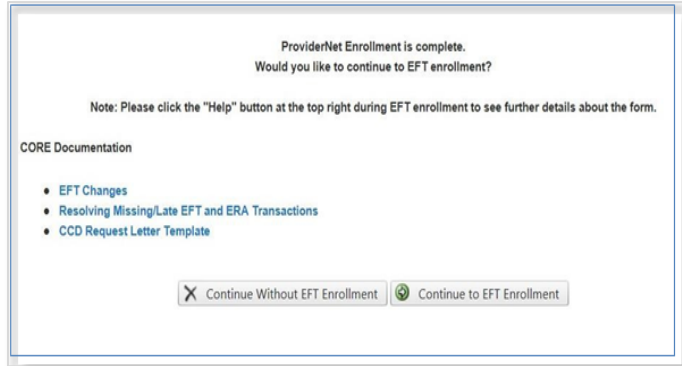
Click “OK” to continue registration without EFT election. Click “Cancel” to continue with EFT setup

NOTE: If you elect to continue registration without EFT payment you will be directed to your Start page.



Change Healthcare ProviderNet

If you selected “Continue to EFT Enrollment” you are electing to receive your payer (insurance company) payments direct deposited to an account you will designate.



ProviderNet Enrollment is complete.
Would you like to continue to EFT enrollment?

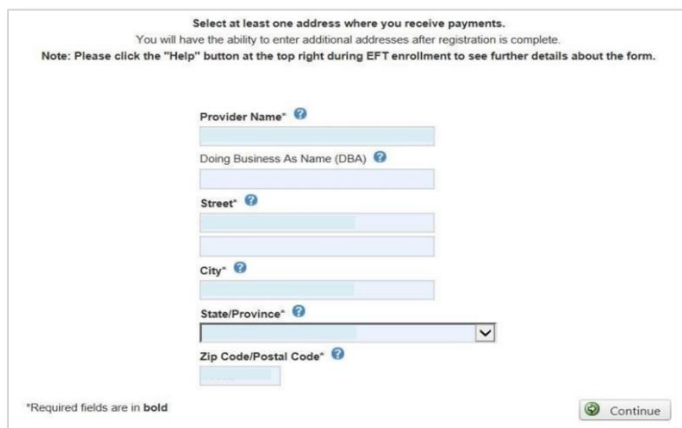
Note: Please click the “Help” button at the top right during EFT enrollment to see further details about the form.

CORE Documentation

- EFT Changes
- Resolving Missing/Late EFT and ERA Transactions
- CCD Request Letter Template

Enter the mailing address exactly as it appears on your Remittance Advice.

NOTE: You will have the opportunity to enter additional addresses after your registration is completed.



Select at least one address where you receive payments.
You will have the ability to enter additional addresses after registration is complete.
Note: Please click the “Help” button at the top right during EFT enrollment to see further details about the form.

Provider Name* ?

Doing Business As Name (DBA) ?

Street* ?

City* ?

State/Province* ?

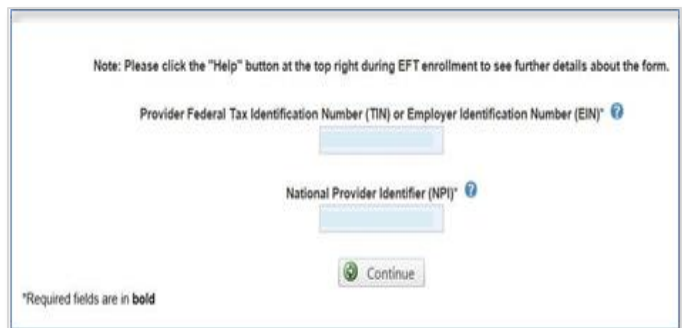
Zip Code/Postal Code* ?

*Required fields are in bold

This page displays your Federal Tax ID Number and NPI.

Your NPI and Federal Tax ID are populated on your ACH Authorization Form.

Click “Continue”



Note: Please click the “Help” button at the top right during EFT enrollment to see further details about the form.

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

National Provider Identifier (NPI)* ?

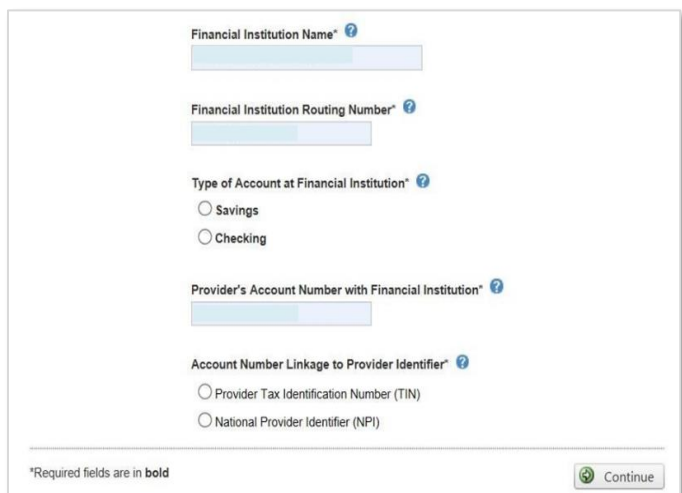
*Required fields are in bold

Enter the bank account information where you would like to receive your deposits for this NPI/TIN.

Click “Continue”

NOTE: It will take 7-10 business days for your bank to set up processes to ensure delivery of ACH payment related information.

NOTE: You will have the opportunity to enter additional accounts after registration is completed.



Financial Institution Name* ?

Financial Institution Routing Number* ?

Type of Account at Financial Institution* ?

☐ Savings

☐ Checking

Provider's Account Number with Financial Institution* ?

Account Number Linkage to Provider Identifier* ?

☐ Provider Tax Identification Number (TIN)

☐ National Provider Identifier (NPI)

*Required fields are in bold

Change Healthcare ProviderNet

Select whether you will be submitting a voided check or Bank Verification Letter.

Note: Reason for Submission is a fixed field.
Authorized Signature is a fixed field.

Click “Continue”

Note: Please click the “Help” button at the top right during EFT enrollment to see further details about the form.

Reason for Submission* Include with Enrollment Submission* ?

New Enrollment Voiced Check

Authorized Signature* ?

Written Signature of Person Submitting Enrollment

Handwritten Signature: Please sign the ACH Authorization form.

Continue

*Required fields are in bold

Review and confirm to make sure all of the information you entered is correct.

NOTE: To make changes, click on the blue section heading and edit the information

Click “Continue”

Continue

ProviderNet Enrollment

ProviderNet

User ID

User Name

Password Reset Question

Password Reset Response

Provider Name ?

Provider Contact Name

Title

Telephone Number

Email Address

Fax Number

EFT Enrollment

Provider Address

Provider Name ?

Doing Business As Name ?

Street ?

City ?

State/Province ?

Zip Code/Postal Code ?

Provider Identifiers

Provider Federal Tax Identification Number (TIN) ?

National Provider Identifier (NPI) ?

Financial Institution Information

Financial Institution Name ?

Financial Institution Routing Number ?

Type of Account at Financial Institution ?

Provider's Account Number with Financial Institution ?

Account Number Linkage to Provider Identifier ?

Submission Information

Reason for Submission

Include with Enrollment Submission ?

Authorized Signature ?

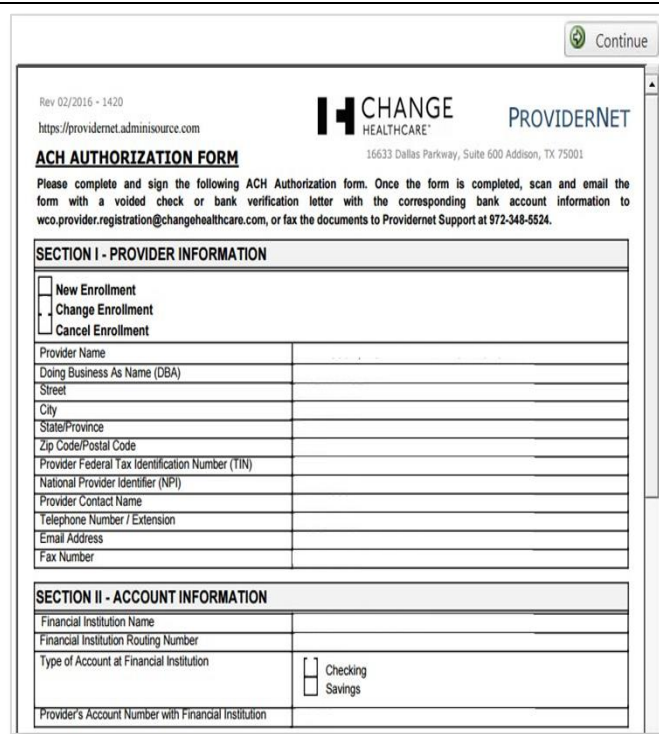
Continue

Print the ACH Authorization Form using the “Print” icon at the bottom of the form.

Sign the document and send it with a copy of a voided check or bank verification letter to:

- Fax: (602) 843-1915
- Email: wco.provider.registration@Changehealthcare.com

Click “Continue”



Rev 02/2016 - 1420
https://providernet.adminisource.com

CHANGE HEALTHCARE PROVIDERNET
16633 Dallas Parkway, Suite 600 Addison, TX 75001

ACH AUTHORIZATION FORM

Please complete and sign the following ACH Authorization form. Once the form is completed, scan and email the form with a voided check or bank verification letter with the corresponding bank account information to wco.provider.registration@changehealthcare.com, or fax the documents to Providernet Support at 972-348-5524.

SECTION I - PROVIDER INFORMATION

☐ New Enrollment
☐ Change Enrollment
☐ Cancel Enrollment

Provider Name	
Doing Business As Name (DBA)	
Street	
City	
State/Province	
Zip Code/Postal Code	
Provider Federal Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Provider Contact Name	
Telephone Number / Extension	
Email Address	
Fax Number	

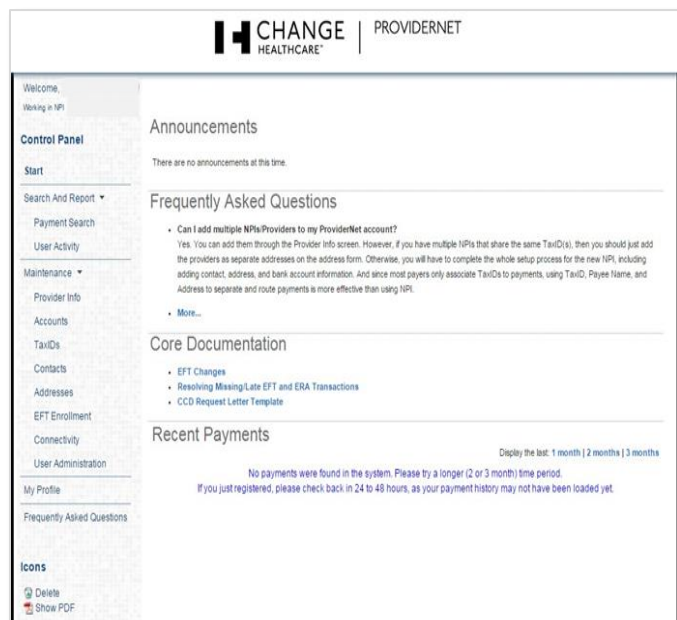
SECTION II - ACCOUNT INFORMATION

Financial Institution Name	
Financial Institution Routing Number	
Type of Account at Financial Institution	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Provider's Account Number with Financial Institution	

ProviderNet Start Page

It takes up to 10 business days for your account to be verified and your EFTs to begin. Check the status by clicking the “Accounts” tab. When the account status is “Verified” you will begin to receive your EFTs.

If the account status is “Verified” and you are still receiving check payments, call ProviderNet Customer Support at (877) 389-1160



CHANGE HEALTHCARE PROVIDERNET

Welcome,
Working in NPI

Control Panel

- Start
- Search And Report
 - Payment Search
 - User Activity
- Maintenance
 - Provider Info
 - Accounts
 - TaxIDs
 - Contacts
 - Addresses
 - EFT Enrollment
 - Connectivity
 - User Administration
- My Profile
- Frequently Asked Questions

Announcements

There are no announcements at this time.

Frequently Asked Questions

- Can I add multiple NPIs/Providers to my Providernet account?
Yes. You can add them through the Provider Info screen. However, if you have multiple NPIs that share the same TaxID(s), then you should just add the providers as separate addresses on the address form. Otherwise, you will have to complete the whole setup process for the new NPI, including adding contact, address, and bank account information. And since most payers only associate TaxIDs to payments, using TaxID, Payee Name, and Address to separate and route payments is more effective than using NPI.
- More...

Core Documentation

- EFT Changes
- Resolving Missing/Late EFT and ERA Transactions
- CCD Request Letter Template

Recent Payments

Display the last: 1 month | 2 months | 3 months

No payments were found in the system. Please try a longer (2 or 3 month) time period.
If you just registered, please check back in 24 to 48 hours, as your payment history may not have been loaded yet.

Icons

- Delete
- Show PDF

Change Healthcare ProviderNet

Use your “Control Panel” to navigate around the ProviderNet.

Payment Search – contains search options you can use to search for particular payments. At the bottom of the page you will see all of your payments, listed from newest to oldest dating back a year.

User Activity – allows the administrator to view each user’s activity while using ProviderNet.

Provider Info - allows the administrator to view or modify provider information. You can also add additional payers and NPI/TINs.

Accounts – view, add, change, or delete your bank account information.

Tax IDs – view, add, change, or delete your Tax IDs.

Contacts – view, add, change, or delete your contacts.

Addresses – view, add, change, or delete your office information (address).

EFT Enrollment – if during your initial registration you elected not to receive your payments direct deposited you may click here to enroll in EFT.

Connectivity – set up connectivity to receive your ERA (EDI 835s/ERA PDF) files via FTP or have them automatically sent over to your clearinghouse.

User Administration – view, add, change, or delete user access for your ProviderNet account.

My Profile – view, add, change, or delete your user profile information.

Frequently Asked Questions – ProviderNet Q and A.



Change Healthcare ProviderNet

Icons – At the bottom of each page is an Icon Legend showing what the Icons on that page represents.



If you have questions or concerns the ProviderNet Customer Support Team is available from 8 a.m. through 6 p.m. Central Time (CT) at (877) 389-1160 or email Change Healthcare at wco.provider.registration@changehealthcare.com.