Change Healthcare ProviderNet Registration Instructions

1.   Go to https://providernet.adminisource.com

2.   Click the "Register" button…

3.   Accept the Terms and Conditions…

4.   Enter provider verification questions.

a.   Input your National Provider ID Number (NPI).

b.   Input your Tax ID Number (TIN).

c.   Select the insurance company paying you.

d.   Enter a recent check number from one of your payments as it appears on the upper right/left hand corner of your check payment.

e.   Click the "**Continue**" button.

> **NOTE #1:** If you have not received a payment from your payer then you will not be able to complete your registration until you have received your first payment.
>
> **NOTE #2:**   The check number has to come from a payment you have received within the last year.

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*

--Select One--

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

5.   Create your User Account.

a.   Input and confirm your Email Address. This will be your login id.

b.   Input your User Name (First and Last).

c.   Input and confirm a Password.

d.   Select a Password Reset Question.

e.   Input a Password Reset Response.

f.   Click the "**Continue**" button.

> **Password requirements**
> *No less than 8 characters
> *No more than 10 characters
> *At least 1 number

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*
--Select One--

Password Reset Response*

Required fields are in **bold**   ⊕ Continue

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6. **Primary Administrative Contact Information**

a.   Input the Business Name.

b.   Input the Provider Contact Name (First and Last) for this account.

c.   Input the Provider Contact Title.

d.   Input the Primary Contact Phone Number. Enter an extension if applicable.

e.   Input the Fax Number.

f.   Input the Primary Contact Email Address.

g.   Click the "**Continue**" button.

7.   Select whether you would like to continue registering without EFT enrollment or continue registering for EFT.

a. If you selected to "**Continue Without EFT Enrollment**" confirm your selection.
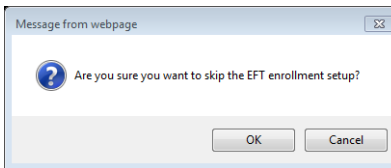
You will be able to set it up later. Click "**OK**" to continue registration without EFT election Click "**Cancel**" to continue with EFT setup.

> **NOTE:** If you elect to continue registration without EFT payment you will be directed to your **Start** page. Skip to page 11 for further instruction.

b. 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.

8. Enter the mailing address exactly as it appears on your Remittance Advise in the upper left hand corner.

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)

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

Street*

City*

State/Province*

Zip Code/Postal Code*

*Required fields are in **bold**

Continue

9. This page displays your Federal Tax ID Number and NPI.
   a. Your NPI and Federal TaxID are populated on your ACH Authorization form. The fields have been disabled since these are the only values that are eligible for EFT enrollment at this time.
   b. Click the "**Continue**" button.

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)*
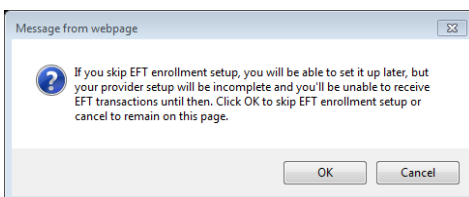
Continue

*Required fields are in **bold**

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

    a.   Enter your bank name.

    b.   Enter your routing number.

    c.   Select the type of account you have.

    d.   Enter your account number.

    e.   Select whether you would like your bank account linked to your TaxID or your NPI

    f.   Click the "**Continue**" button.

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)

Identifying your routing number
Your routing number is located between two special symbols

Routing Number
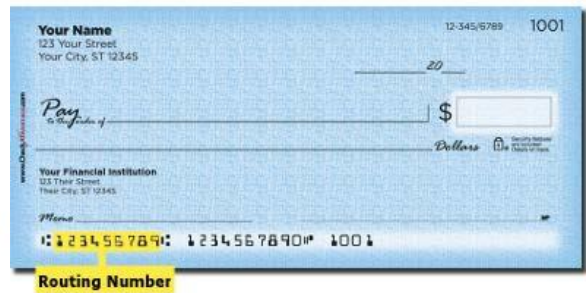
*Required fields are in **bold**

▶ Continue

Note #1: It will take **7-10 business days** for your bank to set up processes to ensure delivery of ACH payment related Information.

Note #2: You will have the opportunity to enter additional accounts after registration is completed.

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11. EFT Submission Page

a. Reason for Submission is a fixed field – it will show **New Enrollment**

b. Include with Enrollment Submission – select whether you will be submitting a voided check or Bank Verification Letter

c. Authorized Signature is a fixed field – it will show **Written Signature of Person Submitting Enrollment**

d. Click the "**Continue**" button.

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 ▾]   [Voided Check ▾]

Authorized Signature* ❓

[Written Signature of Person Submitting Enrollment ▾]

Handwritten Signature. Please sign the ACH Authorization form.

⊙ Continue

*Required fields are in **bold**

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12. Review and Confirm

   a. Make sure all of the information you entered in is correct then click continue. If you need to make changes, click on the **blue** section heading and edit the information that needs to be edited. Once completed, click the Continue button until you reach the Review and Confirm page again to review your information.

   b. If all is well, click the "**Continue**" button.

ProviderNet Enrollment

ProviderNet

UserID
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
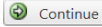Provider's Account Number with Financial Institution
Account Number Linkage to Provider Identifier

Submission Information

Reason for Submission
Include with Enrollment Submission
Authorized Signature

13. ACH Authorization Form

a. Using the Print Icon at the bottom of the form Print, sign and fax or email your ACH Authorization Form along with a copy of a voided check or bank verification letter to (602) 843-1915 / wco.provider.registration@changehealthcare.com.

b. Click the "**Continue**" button. You will be directed to the start page to begin using ProviderNet.

Continue

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https://providernet.adminisource.com

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PROVIDERNET

ACH AUTHORIZATION FORM

16633 Dallas Parkway, Suite 600 Addison, TX 75001

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	☐ Checking ☐ Savings
Provider's Account Number with Financial Institution	

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14. ProviderNet Start Page

 It takes **up to 10 business days** for your account to be verified and your EFTs to begin. You can check the status of this process by logging in and clicking on the "**Accounts**" tab on your Control Panel. If your account status says "**verified**" you should begin to receive your EFTs.

 If your account status says "**verified**" and you still are receiving check payments please give ProviderNet Customer Support a call, (877) 389-1160.

 The red type at the top of this page indicates we have not received your ACH Authorization Form or Voided Check/Bank Verification Letter. Once we receive and process both, that red type will disappear.

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

15. Control Panel
a. Use your control panel to navigate around ProviderNet

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

Icons

ⓘ Additional Information
🔴 Hold
✖ Clear Payer Selection
📄 Show PDF
📄 835 File

- **Payment Search** – This page 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** – This page allows Administrators to view each of the user's activity while using ProviderNet.

- **Provider Info** - This page allows the Administrator to view or modify your provider Information. You can also add additional payers and NPI/TINs.

- **Accounts** – You can view, add, change, or delete your Bank Account Information.

- **Tax IDs** – You can view, add, change, or delete your Tax IDs.

- **Contacts** – This page allows you to view, add, change, or delete your contacts.

- **Addresses** – This page allows you to 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** – You can 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** – You can view, add, change, or delete user access for your ProviderNet account.

- **My Profile** – This page allows you to view, add, change, or delete your User Profile Information.

- **Frequently Asked Questions** – ProviderNet Q and A.

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

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