Enrollment User Reference Manual

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Enrollment Frequently Asked Questions

Is a National Provider Identifier (NPI) required to register for Enrollment Portal username and password?

If the provider has an NPI they should populate the applicable box in the registration process. If the provider does not have an NPI, it is not required to register.

What is the difference between the Registration and Enrollment?

Registration is the process a provider follows to request access to the Enrollment Portal.

Once registered for the Enrollment Portal, the provider can setup their login credentials and start their enrollment process for their bank account(s).

How would a provider know if their registration was successful?

The provider's request for registration must be verified prior to enrolling their bank account. Once verified, the provider will be sent an email with instructions on how to create their login credentials for the Enrollment Portal. Providers should allow 5 to 7 business days for this process to be completed.

How would a provider know if their enrollment was successful?

Providers can check the status of their bank account(s) via the Enrollment Portal. After a provider has submitted their bank account enrollment, the Enrollment Portal will display the status of their enrollment.

How would a billing company or third-party biller enroll on behalf of their providers?

Enrollment does not support registration or enrollment from billing companies nor third party billing agencies at this time.

How can a provider get assistance with their registration or enrollment (e.g. Getting started, updating account information or primary contact, etc...)?

The provider can contact the Support team by calling (877) 882-0384, Monday through Friday 9:00 am to 8:00 pm, EST for questions related to registration and enrollment.

How can a provider get assistance after their enrollment is complete (e.g. Network, Payment, or claim-related inquiries)?

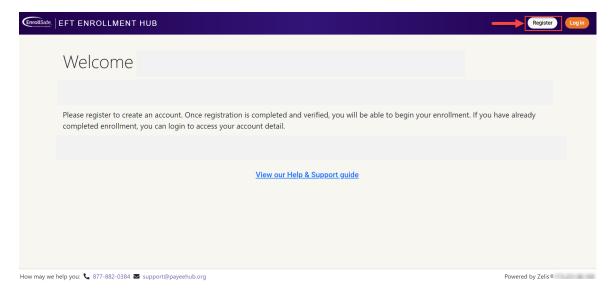
The provider should contact their local Provider Experience Representative for further assistance.

How to Request Registration for Enrollment

The provider submitting the Enrollment registration should be authorized to make payment related decisions for the practice. Enrollment does not support registrations or enrollments from billing companies nor third party billing agencies.

To register, the provider creates an account with Enrollment to become verified. Once verified, the provider may select the bank account they wish to receive their ACH payments. The provider must register and submit their enrollment requests directly through the Enrollment EFT Enrollment Hub.

Once the provider has selected the **Register** link at the top of the screen, they will be walked through a series of steps to obtain the information needed to complete their registration.



Registering a Dental Provider?

The provider will be asked to specify if the Tax ID Number (TIN) they are registering is associated with a Dental Provider. The Provider will select **Yes**, I am a Dental Provider or No, I am not a Dental **Provider** and then click **Confirm** to continue.

EFT ENROLLMENT HUB			Home
1 Verify TIN or EIN	2 Provider Information	3 Upload W-9 Form	4 Review & Submit
Step 1			
Are you a Dental Provider? In order for us to provide you the be Yes, I am a Dental Provider No, I am not a Dental Provider	est registration experience, we need to	first understand what kind of provic	der you are.
How may we help you: 📞 877-882-0384 🜌 support@paye	ehub.org		Powered by Zelis®

Provide Tax ID Number (TIN) or Employer ID Number (EIN)

The provider will enter their TIN or EIN in the field provided and select **Verify** to confirm eligibility.

Once verified, the provider will select **Continue**.

Only one registration can be completed per Tax ID Number (TIN). The provider will receive on-screen instructions if their TIN has already been utilized to initiate a registration.

	ит нив			Home
1		2	3	4
Verify TIN o	r EIN Provide	r Information	Upload W-9 Form	Review & Submit
Step 1				
Let's see if your	Tax ID Number (TIN) or	Employer ID Number (EIN) is in our system	-
TIN or EIN Verifi	cation			
	we need to verify if your TIN or			
	ignee of the TIN or EIN will be	Jermitted to register.		
Tax ID Number(TIN or EIN) Provider TIN should be exactly 9 ch	aracters Verify			
				Continue
How may we help you: 📞 877-882-038	4 🗹 support@payeehub.org			Powered by Zelis®

Provide Practice and Contact Information

The provider populates the **Provider Information** and **Provider Contact Information** fields. Required fields are indicated with an *. Once completed, the provider selects **Continue**.

EFT ENROLLMENT HUB					
	1	2			
	Verify TIN or EIN	Provider Information	Upload W-9 Form	Review & Submit	
	Step 2				
	Let's collect some information	about you			
	Provider Information	-	Provider Contact Informa	tion	
	Provider Name*		First Name *	Last Name *	
	TIN or EIN * NPI (453454334	D	Title*		
	Street * 0		Phone *		
	Street (continued)		Email *		
	City* State* Select ~	Zipcode *	Confirm Email *		
			* indicates a required field		
	Go Back			Continue	
y we help you: 📞 877-882-0384 🗃 support@paye			* indicates a required field	Continue	Powered by Zelis

Upload Copy of W-9 Form

For security purposes, the provider is required to submit a W9 associated with the TIN or EIN being enrolled. The provider should ensure the W9 being submitted is signed and dated within the last 6 months.

The provider selects **Select File** to open the file explorer window in their browser and locate the appropriate file. Once attached, the provider selects **Continue**.

ErrollSafe EFT ENROLLMENT HUB					Home
	1 Verify TIN or EIN	2 Provider Information	3 Upload W-9 Form	a Review & Submit	
	Step 3 Upload your W-9 Form for ve	erification purposes	_		
ļ	Upload W-9 n order to continue, we need you to W9.pdf We may same pat film and this inso than 2MB in law ✓ File uploaded	upload your W-9 form so that we can Select file	use this in our provider verification	process	
	Go Back			Continue	
fow may we help you. 📞 877-882-0384 🗃 support@payeehub.org					Powered by Zelis

Review Information Provided

The provider will be asked to review the information they have entered. If correct, the provider selects **Submit**. If any of the information is incorrect, the provider selects **Go Back**.

ErrollSafe. EFT ENROLLMENT HUB					Home
v	1 /erify TIN or EIN	2 Provider Information	3 Upload W-9 Form	4 Review & Submit	·
Step 4	L				
Please re	eview the information prov	ided before you subm	it your request		
Provider	Information		Provider Contact Information		
Provider Name	e	Reading of a	First Name:	The second se	
TIN or EIN:			Last Name:	100	
NPI:			Title:		
Street:		the first first	Telephone Number:		
Street(continue	ed):	1000	Email Address:	transfer in protocilitation of	
City:		100.00			
State:					
Zip:					
Dental Provide	n				
W9 File					
File Name:		10.00			
File Size:					
Go Back				Submit	
How may we help you: 📞 877-882-0384 🛛 support@payeehu	b.org				♥ Powered by Zelis®1

Registration: Next Steps

Once the provider has reviewed the information entered and selected Submit, they have successfully requested an account be created for their practice. The provider will have the option to return back to the Welcome Page.

ErrollSafe. EFT ENROLLMENT HUB		Home
	Thank you for registering! Your registration request has been submitted for review. Please allow 5-7 business days for your request to be finalized.	
	Next Steps Your registration information is being reviewed for verification purposes. If approved, you will receive a registration code via email with a link to complete your registration revided. you will receive an email notification with instructions to resubmit your request.	
How may we help you: 📞 877-882-0384 📼 support	16 payeehub ora Poo	vered by Zelis®

Note: The provider will be sent an email with instructions on how to create their login credentials within 5 to 7 business days.

Completing Registration

Choosing Username and Security Questions

Email instructions will direct the provider to confirm their user account and complete registration. The provider will be asked to choose a username. The provider will enter the desired username and select **Check username** to ensure it is not already in use. Once completed, the provider will select two security questions and fill out each answer accordingly.

The provider will review all information displayed on the screen for accuracy. The provider will review the agreement, click the **I agree to the Site Agreement** checkbox, then click **Finish Registration**.

Generation EFT ENROLLMENT HUB				Here	
	Complete your registration Please review your registration information below for accuracy	-			*
	Provider Information	Provider Contact Information			L
	Provider Name: Brandon UAT 1	First Name:	Brandon		
	TIN or EIN: 453454334	Last Name:	UATB		4
	NP: 111111111	Title:	admin		
	Street: 123 Test Street	Telephone Number:	(123) 123-1234		4
	Street(continued): Suite 4	Email Address:	brandon.mcgauley@zells.com		4
	City: Test City				
	State: PN				
	Zip: 45200				
	Dental Provider: Net				4
	Denuers * Comments and and of distances denues Select Your Security Questions Outside 1 * What your for park ranke! what so the make and model of your first card	C Check Oursean Asser: 1.* Ass Asser: 2.* Too proc	× ×		
	Site Agreement				
Her may ve help you 🐛 177-102 OSK 🗃 support@payvelvita.org	Isopret to the Site Agreement Field Registration			Proved by 2414	•

Creating a Password

After the provider has finished registering, they should receive an e-mail titled **"Please Create Your Password"** that will contain a link allowing them to create a password. The provider will fill out the fields provided and select **Create Password**.

Congratulations! The provider has now completed their registration and are ready to submit their enrollment(s). The provider will select please click **here** to login.

Create Password

User Name	
Password (Password must be at least 14 characters long)	
	۲
Confirm Password	
Submit	

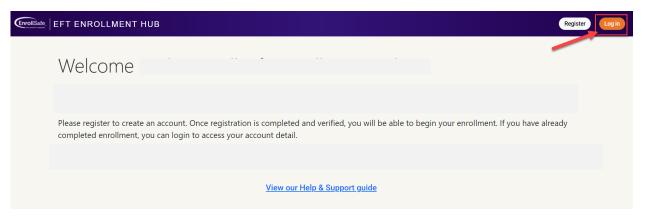


Your password was successfully created. Please click here to login.

How to Login and Logout

How to Login

The provider will go to **<u>https://Enrollment.payeehub.org</u>** and will be directed to the Enrollment Welcome screen. From the Welcome screen the provider will select **Login**.



The provider will type their credentials in the Username and Password fields provided and click **Login**. After they are successfully logged in, the provider will be redirected to their Enrollment homepage.

User Name			
User Name			
Password			
Password			
C Remember My Login	n		
	n]	
Logi]	

How to Reset Password or Recover Account Name

The provider will go to the Login page and click **Forgot Password? (Reset Password)** link to have the reset instructions sent to them by email. When the email is received the provider will follow the instructions provided.

How to Logout

The **Logout** button is located in the upper-right hand corner of the Enrollment Portal.

EFT ENROLLMENT HUB

How to Submit Enrollment for Enrollment

Once the provider has successfully logged in, they will be able to start their enrollment(s) by selecting **Enroll Now!**

T ENROLLMENT HUB				Hello,
Welcome				
veleonie				
Now that you are registered, ple	ase click "Enroll Now" to start your EFT	enrollment		
Participating Plans				
r ar acipating r ans	of its the place rated before and any i	es pertripating plans as they become analy		
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			Start your enrollment	
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		er periode a dispetence en la fonge benere e ante d'ante en la constante de la constante d'ante en la constante del d'ante en la constante de la constante d'ante en la constante de la constante de la constante d'ante en la constante de la constante		
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Selecting Enrollment Type

The following sections of this manual will provide step-by-step instructions on how to complete one of the following enrollment types:

Option 1: Provider Tax Identification Number (TIN) or Employer ID Number (EIN) - Recommended

The provider will select this option if the bank account will receive reimbursements for all providers associated with the TIN or EIN specified when the provider set up their profile. All providers with this TIN or EIN will enroll using a single bank account.

Option 2: National Provider Identifier (NPI)

The provider will select this option if multiple bank accounts under this TIN or EIN will be enrolled and associated to specific Billing NPI(s). The provider will be asked to map the NPI(s) they want to associate to the bank account(s) provided during the enrollment process.

The provider will be required to re-validate the TIN or EIN that was submitted during registration, to ensure the enrollment is linked to the correct account.

EnrollSafe. EFT ENROLLMEN	NT HUB				Hello, Brandon Log out
	1 Enrollment Type	2 Provider Information	3 Bank Information	4 Review & Finish	
	Step 1				
	Tax Identification Number (TIN) or Employer ID Number (E rify and see if your TIN or EIN is locate			
	TIN or EIN Verification				
How may we help you: 📞 877-882-0384	4 🛛 support@payeehub.org				Powered by Zelis

TIN Level Enrollment

Step 1: Selecting Enrollment Type

The provider will select the **TIN Level Enrollment** option if the bank account will receive reimbursements for all providers associated with the TIN or EIN specified when the provider set up their profile. All providers with this TIN or EIN will enroll using a single bank account.

One selected, the provider will select **Continue**.

EnrollSafe. EFT ENROLLMEN	т нив				Hello, Brandon Log out				
	0								
	Enrollment Type Step 1	Provider Information	Bank Information	Review & Finish					
	Select your enrollment type Please indicate the provider's preference for the level of EFT enrollment Provider Tax Identification Number (TIN) or Employer ID Number (EIN) - Recommended Select this option if the bank account will receive reimbursements for ALL providers associated with the TIN or EIN specified when you setup your profile. All providers with this TIN or EIN will be paid using a single bank account.								
	National Provider Identifier (NPI) Select this option if multiple bank accounts under this TIN or EIN will be enrolled and associated to specific Billing NPI(s). You will be asked to map the NPI(s) you want to associate to the bank account(s) provided during your enrollment.								
				Continue					
How may we help you: 📞 877-882-0384	✓ support@payeehub.org				Powered by Zelis®				

Step 2: Provider Information

The provider will be asked to review the Practice and Contact Information submitted during registration.

Once reviewed, the provider will select **Continue**.

1	2			
Enrollment Type	Provider Information	Bank Information	Review & Finish	
Step 2				
Please review the registered pro Contact PayeeHUB support at 877-882-03			r accuracy.	
Contact PayeeHOB support at 877-882-0.	384 If a change to the primary of	ontact is needed.		
Provider Information		Provider Contact Informa	tion 🚽	
Provider Information	Aug. 201 (1)	Provider Contact Informa First Name:	tion	
	10000 (MT)		tion	
Provider Name:	1000 - 10 1 0000 - 00	First Name:	tion	
Provider Name: TIN or EIN:	-	First Name: Last Name:	tion des	
Provider Name: TIN or EIN: NPI:		First Name: Last Name: Title:	tion	
Provider Name: TIN or EIN: NPI: Street:		First Name: Last Name: Title: Telephone Number:	tion	
Provider Name: TIN or EIN: NPI: Street: Street(continued):		First Name: Last Name: Title: Telephone Number:	tion	
Provider Name: TIN or EIN: NPI: Street: Street: City:		First Name: Last Name: Title: Telephone Number:	tion	
Provider Name: Th or EIN: NPI: Street: Streetcontinued): City: State:		First Name: Last Name: Title: Telephone Number:	tion	

Step 3: Banking Information

The provider will now be asked to submit the Banking Information associated with their enrollment. The provider will be required to submit a digital copy of a Bank Verification Document during this portion of the enrollment. The provider should review the requirements carefully to avoid delays.

The provider will select Add Bank Account when ready to proceed and click Continue.

	NT HUB				Hello Log out
	1	2	3		
	Enrollment Type	Provider Information	Bank Information	Review & Finish	
	Step 3				
	Banking Information	tion that you wish to link to this enrollme	ent. Select the 'Add Bank Account'	button to get started.	
	Add Bank Account				
	Go Back			Continue	
How may we help you: 📞 877-882-038	14 🗳 support@payeehub.org				Powered by Zelis®

Since the provider has chosen a TIN or EIN level enrollment, they will only be required to complete this form once. The Bank Verification Document must be in PDF format and be less than 5MB in size.

Once all required fields have been entered, the provider will select Add Bank Account.

EFT ENROLLMENT HUB Banking Information Please provide the banking information that you wish to link to this enror	Helic Log out
Bank Account Information	Bank Verification Document*
Type of Account at Financial Institution * 🕕	Please upload a digital image of either: A voided check (deposit ticket is not acceptable; routing numbers maybe different)
· · · · · · · · · · · · · · · · · · ·	OR
Financial Institution Name*	A letter from your financial institution - confirming the provider bank account and routing number. (The verification letter must be on bank letterhead and include a bank authorizer name. title, physical address, email address, phone number, signed and dated within 90 days.)
Financial Institution Routing Number * 0	
×	Bank Doc.pdf Select file
Re-enter Financial Institution Routing Number *	We only accest part files and files less than 544 in size ✓ File uploaded Associated NPI(s) for this Bank Account
Provider Account Number with Financial Institution	You've selected a TIN Level enrollment. NPI linkage is not required.
×	
Re-enter Provider Account Number with Financial Institution *	
* indicates a requires field	Cancel Add Bank Account
How may we help you: 📞 877-882-0384 🕿 support@payeehub.org	Powered by Zelis (

The provider will be asked to review the bank account information entered and select **Continue**. If any of the information is incorrect, the provider selects **Go Back**.

EnrollSafe. EFT ENROLLMENT HU	JB								Hello, Log out
	(1		2		3			
	Enroll	ment Type	Prov	ider Information		Bank Information	Review & Fini		
	Step 3								
	Banking Info Please provide		rmation that you v	vish to link to th	is enrollment. Se	elect the 'Add Bank Acco	ount' button to get started.		
	🏛 Bank Name	Account	Туре	Linkage	Status				
	(100	Remove			
	Add Bank Account								
	Go Back							Continue	
-low may we help you: 📞 877-882-0384 🐸 su	pport@payeehub.org								Powered by Zelis®

The provider will review the information they have entered for accuracy. Once completed, the provider will review the agreement and then click the **I Agree to the Terms of Service** checkbox, then click **Submit**.

Geneticate EFT ENROLLMENT HUB					
G		2		3	
Errollme	t Type	Provider Information	Bank Ir	formation	Review & Finish
Step 4					
	nit Your Enrollmer nformation below for ac	nt ccuracy. Select the Edit button	next to the sectior	to make any adjus	stments.
Provider Infor	nation		Provider Co	ntact Informatio	on
Provider Name:	-	Brandon UAT 3			Brandon
TIN or EIN:			Last Name:		UAT3
NPI: Street:		11111111	Title: Telephone Number:		admin (123) 123+1234
Street: Street(continued):			Email Address:		(123) 123+1234 brandon.mcgauley@zelis.com
City:		Test City			charactering acreging zers.com
State:			Enrollment [)etails	Edt
Zip:		45206	Enrollment Type:		TIN
Dental Provider:		Yes			
Banking Informati	on 🔶				Edt
宜 Bank Name	Account	Туре	Linkage	Status	
Bank of America	*******0001	Checking	TIN	Not Sent	Details
Terms of Service					
Parking the horse boling will be	icate that you have read and agree to t	the Terrers of Service.			
I Agree to the Te	ms of Service 🦰				Click here for printer friendly version
	-				
Go Back					Storia
belo your 📞 877-882-0384 🗃 support@osweehub.om					

A confirmation message will display to let the provider know that the enrollment process is complete. The provider will click **Finish** to be directed to the homepage.

Errollane EFT ENROLLMENT HUB	Hello,	Log out
You've successfully submitted your enrollment! A confirmation email will be sent shortly to the email address on file.		
Next Steps: You enrollment will be reviewed by a member of the PayeeHUB support team, and you will be contacted within 5-7 business days for verification purposes.		
If approved, the enrollment information provided will be enabled for EFT within an additional 2-3 business days.		
Finish		

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NPI Level Enrollment

If the NPI level enrollment is selected, the provider will be asked to verify each NPI they would like associated with their enrollment. This information must match the TIN or EIN submitted during registration. Any NPIs added during enrollment must be allocated to a specific bank account. If the provider does not intend to enroll an NPI in EFT, it should not be added during this step.

The provider populates the NPI in the appropriate field and selects **Add NPI**. If an incorrect NPI is added, the provider can remove it by selecting **Remove**. Once all NPIs have been added, the provider selects **Continue**.

EPTERNOLLMENT HUB	TIN: 🕑 Hello, Log out
Step 1	ŕ
Select your enrollment type Please indicate the provider's preference for the level of EFT enrollment	
 Provider Tax Identification Number (TIN) or Employer ID Number (EIN) - Recommended Select this option if the bank account will receive reimbursements for ALL providers associated with the TIN or EIN specified when you setup your profile. All providers with th or EIN will be paid using a single bank account. National Provider Identifier (NPI) Select this option if multiple bank accounts under this TIN or EIN will be enrolled and associated to specific Billing NPI(s). You will be asked to map the NPI(s) you want to asso to the bank account(s) provided during your enrollment. 	
NPI Verification Add NPI Add NPI Approved NPI(s)	
How may we help you: 📞 877-882-0384 🜌 support@payeehub.org	nttnue Powered by Zelis

The provider will be asked to review the Practice and Contact Information submitted during registration. Once reviewed, the provider selects **Continue**.

	2		
Enrollment Type	Provider Information	Bank Information	Review & Finish
Step 2			
Contact PayeeHUB support at 877-882-	Joon in a change to the primary oc	Provider Contact Inform	ation
Provider Name:	Reading of the	First Name:	The second se
TIN or EIN:		Last Name:	
		Title:	
NPI:			
NPI: Street:	the fact from	Telephone Number:	
		Telephone Number: Email Address:	Sector regard, Bull, or
Street:	to be been		have a particular of
Street: Street(continued):	to her here		Toto up to both of
Street: Street(continued): City:	to her here		

The provider will submit the Banking Information for their enrollment(s). The provider will be required to submit a digital copy of a Bank Verification Document during this portion of the enrollment. The provider should review the requirements carefully to avoid delays.

EFT ENROLLMEN	NT HUB				Hello Log out
	1 Enrollment Type	2 Provider Information	3 Bank Information		
		Provider Information	Bank Information		
	Step 3				
	Banking Information	tion that you wish to link to this enrollm	ent. Select the 'Add Bank Account' b	outton to get started.	
	Add Bank Account				
	Go Back			Continue	
	_				
How may we help you: 📞 877-882-038-	4 🛛 support@payeehub.org				Powered by Zelis®

The provider will select **Add Bank Account**.

If the provider has chosen the NPI level enrollment, they will enter as many bank accounts as required until all NPIs provided have been allocated. The Bank Verification Document must be in PDF format and be less than 5MB in size. Once all required fields have been entered, the provider will select **Add Bank Account**.

Groutiste EFT ENROLLMENT HUB	Helic Log out
Banking Information Please provide the banking information that you wish to link to this enrollr	nent. Select the 'Add Bank Account' button to get started.
Bank Account Information	Bank Verification Document*
Type of Account at Financial Institution *	Please upload a digital image of either: A voided check (deposit ticket is not acceptable; routing numbers maybe different)
···	OR
Financial Institution Name *	A letter from your financial institution - confirming the provider bank account and
	routing number. (The verification letter must be on bank letterhead and include a bank authorizer name, title, physical address, email address, phone number, signed
Financial Institution Routing Number * 🕕	and dated within 90 days.)
✓	Bank Doc.pdf Select file
Re-enter Financial Institution Routing Number *	We only accept of files and files less than SMB in size ✓ File uploaded
· · · · · · · · · · · · · · · · · · ·	Associated NPI(s) for this Bank Account
Provider Account Number with Financial Institution *	
· · · · · · · · · · · · · · · · · · ·	Available NPI(s) Associated NPI(s) 43243243243 2342343243
Re-enter Provider Account Number with Financial Institution *	3423432432
✓	
* indicates a required field	
nananya a indaina lina	
	Cancel Add Bank Account
How may we help you: 📞 877-882-0384 🜌 support@payeehub.org	Powered by Zelis®

Once the provider has submitted at least one bank account for an NPI level enrollment, the box on the right-hand side of the screen will advise which NPI(s) remain to be distributed. The provider will select the **Add Bank Account** button and repeat the steps detailed above until there are no remaining NPI(s).

	ENT HUB							TIN: * ❷ Hello,	Log out
]		2		3			
	Enrollment Type		Provider Information			Bank Information	Review & Finish		
	Step 3								
	Banking Info		nation that you v	wish to link to th	is enrollment. Se	elect the 'Add Bank Accou	int' button to get started.		
	🏛 Bank Name	Account	Туре	Linkage	Status		NPIs left to distribute:	-	
				-	1000	Remove			
	Add Bank Account	-							
							_		
	Go Back						Con	tinue	
How may we help you: 📞 877-882-0	384 🔽 support@paveeh	ib.org						Powered by Zel	is ® '

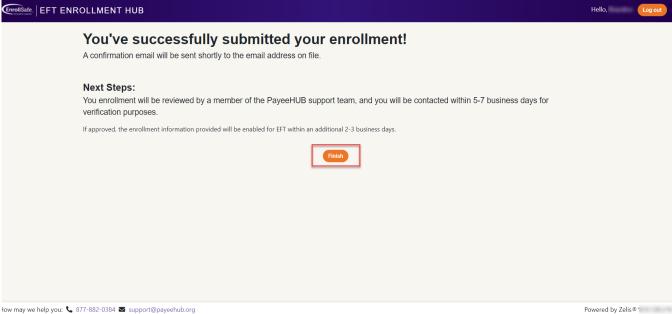
Once all required bank accounts are displayed, the provider will select **Continue** to review and submit their enrollment.

ErrollSafe. EFT ENROLLMEN	т нив							TIN 🕑 Hello, Log out
		1		2		3		í
	Enrollm	ent Type	Provid	der Information		Bank Information	Review & Finish	
	Step 3 Banking Infor Please provide th		nation that you wi	sh to link to this	enrollment. Se	elect the 'Add Bank Acco	ount' button to get started.	
	盦 Bank Name	Account	Туре	Linkage	Status	Remove	NPIs left to distribute:	
	🏛 Bank Name	Account	Туре	Linkage	Status			
	Add Bank Account			-		Remove		
	Go Back							onlinue

The provider will review the information they have entered for accuracy. Once completed, the provider should review the Terms of Service, click the **I Agree to the Terms of Service** checkbox, then click **Submit**.

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	0		2				
	Enrollment Type	Provid	der Information	Bank Info	rmation	Review & Finish	
Ste	ep 4						
Revi	ew & Submit Your e review the information		Select the Edit button	next to the section t	o make any adjustme	ints.	
	ider Information	—			act Information	←	
Provider TIN or E		-	Brandon UAT 3	First Name: Last Name:			randon UAT3
NPI:	JIN:		111111111				admin
Street				Telephone Number:		(123) 123-12	
Street(c	ontinued):			Email Address:		brandon.mcgauley@zells.cr	
City:			Test City			-	-
State:				Enrollment De Enrollment Type:	tails		Edt TIN
Zip: Dental F	Donalder		45206 Yes	conversion type:			
	ng Information		105			E	Edt
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Bank	of America ****	***0001 C	hecking	TIN	Not Sent	Details	
Terms	s of Service						_
⊂uere ⊂ I Agr	y the bas below will indicate that you have ree to the Terms of Ser	ove road and agree to the Terms of Se rvice	nvice.			Click here for printer friendly version	rsion
Co Ba	•					Subm	ubmit

A confirmation message will display to let the provider know that the enrollment process is complete. The provider will click **Finish** to be directed to the homepage.



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Enrollment Submitted: Next Steps

All enrollments are subject to a two-step verification process. Provider should allow 5 to 7 business days for this process to be completed.

After the provider has submitted their enrollment, the Enrollment homepage will display the status of any enrollments associated with the account.

Once verified, the "Status" field associated with each enrollment will be updated from Enrollment Request Pending to Active.

ENT HUB					
Welcom	P				
VICICOIII	C				
The EnrollSafe EFT easy-to-use portal		es you to enroll in electr	onic funds transfer	(EFT) processing for all participa	ating plans in one simple and
View, manage and add	additional EFT enrollments b	elow.			
Current Enrolln	nents				
🏛 Bank Name	Account	Туре	Linkage	Status	
And of Street, or		1000	-	Enrollment Request Pending	Details Cancel
Participating Pl	ans				
Nue III Include	and the approximation of	years which have and	and one burnings	traj plan a fraj lacora anti	
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How may we help you: 📞 877-882-0384 🛛 support@payeehub.org

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How to Manage Enrollment

Once an enrollment has been accepted by the payor(s), the provider will be able to perform the following action(s) directly through the Enrollment portal:

- 1.) View Details
- 2.) Edit
- 3.) Suspend Enrollment
- 4.) Cancel Enrollment

For security purposes, if the provider needs to make any changes to the contact information provided during the registration process (e.g. Name, Email Address, Phone Number, etc...), they must contact the Support team at (877) 882-0384 for assistance.

Note: Any user account that is suspected of irregular activity by the Support team will be flagged for review and subsequently locked for access.

Edit Enrollment

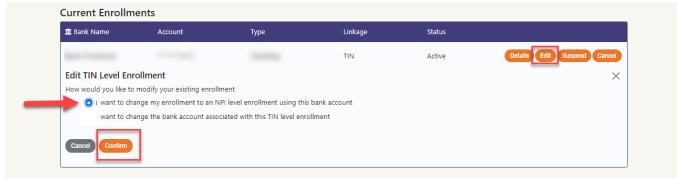
A provider can edit an existing enrollment once it is in an Active status. The types of edits that can be made to an enrollment will vary based on the enrollment type (TIN level or NPI level).

TIN Level Edits

Edits to a TIN level enrollment will be limited to the following options:

Option 1: Changing an existing TIN level enrollment to an NPI level using the current bank account

The provider will select **Edit** and choose the radio button indicating: "I want to change my enrollment to an NPI level using this bank account" and will select **Confirm** to continue.



The provider will then be prompted to add an NPI or NPI(s) that they would like to associate to the existing bank account.

Note: Only payer-approved NPIs can be associated to the existing enrollment.

Once the provider chooses the NPI(s) to associate to the existing bank account, the provider can select **Submit**. The enrollment status will then be updated to **Change Enrollment Requested** and the enrollment information will be submitted to the payer(s) for approval.

Current Enrollm	ients				
🏛 Bank Name	Account	Туре	Linkage	Status	
			TIN	Active	Details Edit Suspend Cancel
	el Enrollment				×
Convert to NPI Le		nk account. In order to mo	ove forward, you will need to as	sociate at least one NPL	to this aprollment
rou can add a new NP	n and associate it with this ba	nk account, in order to mo	ove forward, you will need to as	sociate at least one NPI 1	o mis enrollment.
Add an NPI					
The NPI entered must be 10	0 digits	-			
Removed/Available N	IPI(s) Associated NPI(s)	-			
		_			
	Cancel Edit Su	bmit			

Option 2: Changing the bank account information associated with the existing enrollment

The provider will select **Edit** and choose the radio button indicating: "I want to change the bank account associated with this TIN level enrollment" and will select **Confirm** to continue.

🏛 Bank Name	Account	Туре	Linkage	Status	
Bank of America	******1111	Checking	TIN	Active	Details Edit Suspend Cano
Edit TIN Level Enr	ollment				
How would you like to	modify your existing enroll	ment			
 I want to cha 	inge my enrollment to an N	IPI level enrollment using this	bank account		
🔶 🧿 I want to cha	inge the bank account asso	ciated with this TIN level enro	llment		
-					
Cancel Confirm					

A prompt will appear, indicating that a bank account change will require the provider to submit a new enrollment request. The provider must select **OK** to continue and can reference the steps noted in **Step 3: Bank Information** of the guide to add the account information.

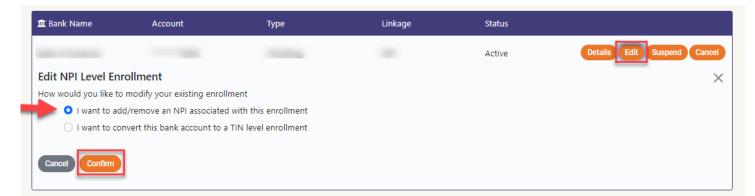
Note: The existing enrollment will remain **Active** until the new enrollment request has been accepted by the payer(s). All new enrollment requests are subject to a two-step verification process. Provider should allow 5 to 7 business days for this process to be completed.

NPI Level Edits

Edits to a TIN level enrollment will be limited to the following options:

Option 1: Adding or removing an NPI from the existing enrollment

The provider will select **Edit** and choose the radio button indicating: "I want to add/remove an NPI associated with this enrollment" and will select **Confirm** to continue.



Once the provider chooses the NPI(s) to add or remove from the existing bank account, the provider can select **Submit**. The enrollment status will then be updated to **Change Enrollment Requested** and the enrollment information will be submitted to the payer(s) for approval.

Once approved, the status will be updated to **Active**.

Note: Only payer-approved NPIs can be associated to the existing enrollment.

🏛 Bank Name	Account	Туре	Linkage	Status	
				and the second second	Details Edit Suspend Cancel
Edit NPI Level I	Enrollment				×
NPI Management					
	NPI and associate it with this ba d click 'Confirm', you will be ask			by removing it from the asso	ociated NPIs list. If you remove all NPIs
Add an NPI	Add NPI				
The NPI entered must be 10 digit:					
Removed/Available NPI(s)	Associated NPI(s)				
	2 444444444 >>				
	«				
	S				
		1			
	Cancel Edit Submit	1			

Option 2: Changing an existing NPI level enrollment to a TIN level using the selected bank account

The provider will select **Edit** and choose the radio button indicating: "I want to add/remove an NPI associated with this enrollment" and will select **Confirm** to continue.

🏛 Bank Name	Account	Туре	Linkage	Status	
		1000		Active	Details Edit Suspend Cance
Edit NPI Level En	rollment				
How would you like to	modify your existing enrol	Iment			
I want to ad	d/remove an NPI associate	d with this enrollment			
🕨 🍳 I want to co	nvert this bank account to a	a TIN level enrollment			
Cancel Confirm]				

A prompt will appear, indicating that converting the selected enrollment to a TIN level will result in a cancellation of all other NPI level enrollments that were previously submitted. The provider must select **OK** to continue. The enrollment status will then be updated to **Change Enrollment Requested** and the enrollment information will be submitted to the payer(s) for approval.

Suspend Enrollment

In the event fraudulent account activity is suspected by the provider, an immediate suspension request can be submitted by selecting the Suspend button. The provider will be prompted to confirm the suspension before any action is taken.

Current Enrollments

🏛 Bank Name	Account	Туре	Linkage	Status	
				Active	Details Edit Suspend Cancel

Selecting **OK** will update the enrollment status to **Suspension Request Pending**. An immediate notification will be sent to the Support team to alert the payer(s) of the request to suspend.

🏛 Ba	ank Name	Account	Туре	Linkage	Status	
Bank	k of America	********0005	Savings	TIN	Suspend Request Pending	Details Cancel

The payer(s) will be responsible to perform the bank account suspension to prevent further payments from being dispersed to the compromised account. A confirmation will be provided to the Support team once successful. The enrollment status will be updated to **Suspended** upon confirmation.

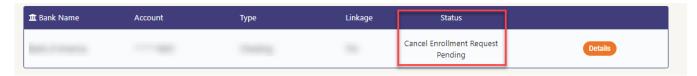
Note: The provider must contact Support directly to request the reactivation of their enrollment. If fraudulent activity is suspected on multiple bank accounts and/or the user account is compromised, the provider can request a complete account lock to prevent further access.

Cancel Enrollment

A provider can cancel their enrollment at any time, by selecting the **Cancel** button under the **Current Enrollments** section of the portal.

Current Enrollm	ents				
🏛 Bank Name	Account	Туре	Linkage	Status	
			-	Active	Details Edit Suspend Cancel

Once the **Cancel** button is selected, the provider will be prompted to confirm the cancellation. Selecting **OK** will update the enrollment status to **Cancel Enrollment Request Pending** and the information will be sent to the payer(s) for approval.



Upon confirmation of cancellation by the payer(s), the enrollment status will display as **Cancelled**.

🏛 Bank Name	Account	Туре	Linkage	Status	
				Cancelled	Details

For more information or additional questions regarding the Enrollment Hub portal, the provider can contact the Support team by calling (877) 882-0384, Monday to Friday 9:00 am to 8:00 pm, EST.