

AVAILITY ENROLLMENT FORM

PAYER ID: 95112

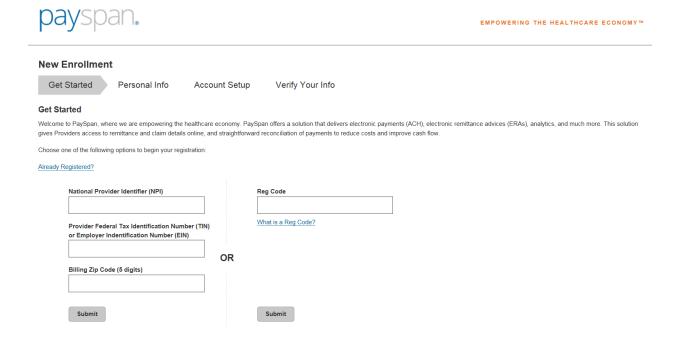
PAYER NAME: CAPITAL HEALTH PLAN



In order to enroll in ERA transactions for this payer, Payspan online enrollment must be completed. Follow the below outline to register with Payspan and route this payer's ERAs to Availity-RealMed.

1. Register for Payspan

- Call 1-877-331-7154 and request your Unique Registration Code. The Registration Code is payer specific and is for one-time-use only.
- Go to www.payspanhealth.com and click the **Register Now** button.
- Enter your Registration Code, Provider ID Number (PIN) and Tax ID Number (TIN) in the boxes provided. Click the **Start Registration** button to begin the registration process.
- Continue with the enrollment by entering and verifying your provider/organization information.



2. EFT (OPTIONAL)

- If you registered for electronic payments (optional), you will receive a deposit of less than one dollar from PaySpan within a few business days. Contact your financial institution to obtain the amount and add this to your PaySpan account.
 - i. Log back into your PaySpan account
 - ii. Click Your Payments
 - iii. Click Account Verification
 - iv. Enter the deposit amount. *The deposit does not need to be returned to PaySpan.
- **3. Route 835s to AVAILITY-REALMED, a PaySpan Data Exchange Partner (DEP).** Follow these steps to create a PaySpan mailbox and route your 835s to Availity-RealMed.
 - Log into your PaySpan account.
 - Click Your Payments.
 - Click Accounts under the Manage Panel.
 - Click the **Account Name** you wish to create a mailbox for.
 - Click Mailbox Settings.
 - Click **Create Mailbox**, after a few seconds your mailbox ID will display.
 - Click **Close** button.
 - Go to Edit Account and click Delivery Settings.
 - In the 835 Recipient drop-down menu, select <u>Availity-RealMed</u> as the 835 data exchange partner you will be using.
 - Click Save.
 - Click Close.

For further PaySpan assistance, call their Provider Services Team at 1-877-331-7154.

Provider Name:		
TIN:	NPI:	
Email:		
Availity Customer ID (R	equired):	

Required: Submission of this form indicates the enrollment instructions have been completed.

