



AVAILITY ENROLLMENT FORM

PAYER ID: PREHP

PAYER NAME: PRESBYTERIAN HEALTH PLAN

Required: Submission of this form indicates enrollment process has been completed.

Enter Provider Information (print or type)		
Provider Organization Name		
Provider Tax ID		Provider/Group NPI
Availity Customer ID (Required)		Provider Legacy ID (if available)
Provider Billing Address		
City	State	Zip
Authorized Name		Phone
Email Address		
Choose which transaction you are enrolling (Claims, Remits, or Both):		

Enrollment Instructions:

Providers must enroll with **Zelis Payments** to begin receiving ERAs for this payer. To register and enroll for ERAs with Zelis Payments, follow the below instructions to create a Zelis Payments account:

1. Go to [Zelis Payments](#) and click "Join Today"
2. To get started, select one of two sign up options:
 - a) **Sign up Now!** (you've never received a payment/ERA from Zelis Payments before)
 - o This will take you to the **New Provider Registration** form. Complete the fields as they apply to your practice (Group TIN, NPI, etc.) to obtain the registration code. You will receive the code from Zelis Payments within 48 business hours.

b) **Login with User Name and Password** (you've received a payment/ERA from Zelis Payments and have a registration code)

- Follow the instructions to confirm your account.



Log in to the Zelis™ Payments Provider Portal

A screenshot of the Zelis Payments Provider Portal login page. The form has a purple header bar. Below it, there are two input fields: "User Name" and "Password". Below the password field is a checkbox labeled "Remember My Login". A yellow "Login" button is positioned below the checkbox. At the bottom of the form, there are three links: "Sign up Now!", "Forgot Password? (Reset Password)", and "Recover Account Name(s)". Below the form, there is a purple box containing a message: "We've changed our name! Pay-Plus Solutions is now Zelis Payments. You may continue to access our services through [www.zelispayments.com](\"http://www.zelispayments.com\"). Your login credentials have not changed and you will not need to re-register. Questions? Please call 877-828-8770."

Read and click **I Accept** to approve the Zelis Payments Use Agreement and Terms.

3. You will need the following information to complete your enrollment:
 - *Organization Legal Name and Business Type*
 - *Contact Information for your designated EPS contacts*
 - *Banking information for payment and fees*
4. After you have logged into your account, you will need to complete the account set up (next 3 steps)
5. **Payment Enrollment:** Select your desired method for receiving ePayments.
6. **ERA Enrollment:** Select "Clearinghouse" from the drop down menu.
 - Choose **AVAILITY** as the Clearinghouse.
 - Enter provider's contact information and select the checkbox to confirm that you are an authorized representative of your practice.
 - Click Submit
7. **Notifications:** Select which notifications you would like to receive and how you would like to receive them.

8. Click **Review Information** to ensure all of the information entered is correct. Click **Modify** to make changes.
9. **Submit Enrollment:** In the **Agreement** section at the bottom of the Enrollment Review page, check the checkbox and click **Submit** to complete your enrollment

If at any time you need assistance with the Zelis Payments online enrollment, please contact their service team at 877-828-8770.

Questions: Contact Zelis Payments at 877-828-8770