

Gilsbar, Inc.

Attention Providers:

In order to start receiving your ERAs for Gilsbar, Inc. through EDS, you will need to print and review the enrollment Instructions.

Payer:	Gilsbar, Inc.
Payer ID:	07205
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482- 3518 or Enrollment@edsedi.com
Online Enrollment Process:	 To enroll please follow the steps on the attached enrollment instructions. On Page 12 please follow the steps for the Clearinghouse. Please select DentalXChange from the drop down menu
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement
Upload, Email or Fax Application to:	Send to EDS Enrollment Enrollment@edsedi.com Fax (651)389-9152
Approval Process and Timeframes:	An email Is sent to the provider's office indicating that your account is active. Please contact EDS to complete your enrollment. Payer estimates 2-3 business days for processing.

5/21/18



To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (* indicates required field)

' Payer Name					
A. Provider Informat	ion				
*Provider Name					
*Provider Address Street:					
City:		State/Pro	ovince:	Zip Code/Po	ostal Code:
B. Provider Identifie	rs Information				
Provider Federal Tax Ident Employer Id	ification Number entification Numb				
Nationa	al Provider Identifi	ier (NPI)			
C. Provider Contact N	lame				
*Contact					
*Telephone Number					
*Email Address					
D. Electronic Remitta	ance Advice Info	rmation			
*Preference for Aggregation	n of Remittance E	Data (e.g.,	Account N	umber Linkage t	o Provider Identifier)
Provider Tax Identific	ation Number (TI	N)			
National Prov	vider Identifier (NI	PI)			
D. Submission Inforn	nation				
*Reason for Submission					
New Enrollment	Change Enr	ollment	[Cancel Enrolln	nent
Authorized Signature					

Electronic or Printed Signature of Person Submitting Enrollment

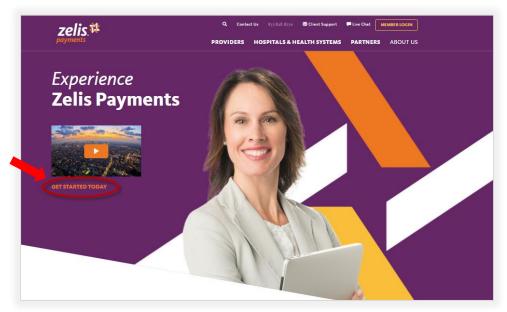
Title of Person Submitting Enrollment



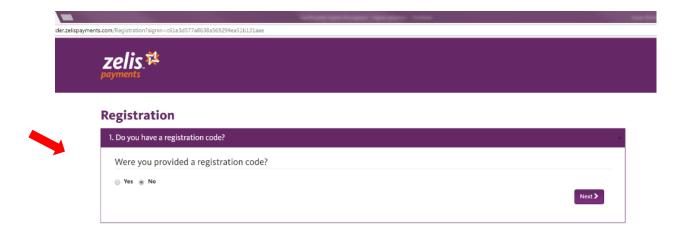
How to Enroll for ePayments

To enroll in 835 ERAs, you must create an account with Zelis[™] Payments to become verified. Once verified, providers may select the clearinghouse from which they wish to receive claims.

1. Visit <u>www.zelispayments.com</u>, and click "Get Started Today"



2. When the Provider Portal Login page opens, click "Sign Up Now"; you will be asked if you were issued a registration code.



3 Click the **Yes** radio button for if you were sent a registration code or **No** if you need a registration code to continue the registration process, then click **Next>**.

Option:	Use if:
No	You have <u>NOT</u> received a payment from Zelis Payments in the past.
Yes	You have received payments from Zelis Payments and have a registration code. Registration codes expire, so please use within 24 hours of receipt. If you need <i>your registration code reset, c</i> all ZELIS PAYMENTS Member Services at 877.828.8770.

No Registration Code

If you selected **No**, you must provide registration information and we will deliver a registration code to you by the method you chose.

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Next >
6

- Provide the following information about your practice:
 - ♦ TIN
 - Corporate NPI
 - Practice Name:
 - Practice Address:
 - City:
 - State:
 - State
 - Zip:

Practice Contact Information

- First Name:
- Last Name:
- Title:
- Practice Phone#:
- Practice Fax#:
- Practice Email:
- Confirm Email:
- Select how you would like your registration code sent to you:
 - phone, fax, or e-mail





- Click the 'CAPTCHA' checkbox
 You will receive your registration code and instructions to verify your user account within 48 business hours.
- When you receive your registration code, return to the Provider Portal Login page, click "Sign Up Now" and follow the instructions in 'Have a Registration Code' starting on page 4.



Have a Registration Code

If you selected **Yes**, complete the basic practice information:

- 💉 TIN
- Corporate NPI
- Registration Code
 Click Verify Registration Code .

Connecte NPD		
Corporate NY1		
	Corporate NP1	



Verify the information in the About your practice section and create a User Name.

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stration	
you have a registration code?	
l us about your practice	
bout your practice	
ractice Information	
Practice TIN:	Annual Mile
751000705	Corporate NPI: 10839-41520
Practice Name:	
ROBIN SLEWINE ADMILADO FMP	
Practice Address:	
600-IN/TERSTATE 20-5457	
City:	State:
STRUCTOR	Texas •
	Zip:
	79/92
Practice Contact Information	
First Name:	Last Name:
HALEY	INRUEY
Title	
	Practice Fax#1
Practice Phone#1	(803) 294-3929
(102)-407-1240	
(HS2)-HS2 HS Practice Email:	
LK022-447P 32H8	
(HS2)-HS2 HS Practice Email:	
Practice Email:	
Practice Email:	
Practice Email: Confirm Email: Create Username	
Practice Email: Confirm Email: Create Username	

Enrollment Instructions



Read the Site Use Agreement, click the 'I reviewed the agreement and accept the terms and conditions' checkbox, and then click Submit Registration.

Site Use Agreement intained below carefully before using this internet website. Your use of this website is sub You must click the. "I Accept" button at the end of this document. This is a goal generation to the two or is a southernit. This is a goal generation (10 K specierce) have been you in your individual capacity and Zelix Payments Solutions, Inc. (PPS7) and generations are this web the (1/k "Stef") and I Services available to you con the Site is a log appenent of the generation (1/k appenent) and the services available to you con the Site is a log appenent of the services available to you con the Site is a log appenent of the services available to you con the Site is a log appenent of the services available to you con the Site is a log appenent of the services available to you con the Site is a log appenent of the services available to you con the Site is a log appenent of the services available to you con the Site is a constrained with its terms. You must read, agree with and accept all of the terms and conditions contained in this Agreement as a condition of receiving access and using the Site. Site. **I your Access & Responsibility**. You will be provided with a unique User ID and Pleasword (collectively "Access Codes") to enable you to access and enter the Site. Access Code access to be Site and certain portions of your employer's access in the access in determined by your employer. You have control over who has access to the ac-alian change in the your over a large site. You will be provided with a unique User ID and Pleasword (collectively "Access Codes") to enable you ta access and enter the Site. Access Code inventibility your becoming aware of any unauthented use of the Access Codes or any other breach of access(h). First and the access the access to the Access Codes and/or liable should be on the safetingeness of the Access Codes or any other breach of access(h). Private access the access the Access Codes and/or liable should be on the safetingeness of the Access Codes or any other breach of access(h). Private access the access the Access Codes or any other breach of access (h). Private Idea Codes and (c) privately inform PPS of any unableriad access to be Site. 2. Your identity and Authority to Ue Site. You represent and warrant to us that: (a) you are who you portray younself to be when you use the Site. (b) your out early that authority (c) your will use that is not increasing with appear. It is that the site is a site of the site is that and the site (c) you will use that is not increasing with appear. It is not increasing with appear to be increasing with appear to be increasing with appear. It is not increasing with appear to be increasing withh appear to be increasing with a papear to be increasing with appear to be increasing with a papear to be increasing with appear to be appeared with a papear to be increasing with a papear to be appeared with a papeared w ations. PPS reserves the right, in its discretion, to change or modify all or any part of this Agreement at any time, effective immediately upon notice published by any such revisions and should therefore visit this page each time you access this Site to review the then-current terms conditions applicable to use of the S 4. Electronic Delivery of Information • Execution: currently of INTERTINGON. I Communications: Nagree and conserve electronically all communications, agreements, documents, notices and disclosures (collectively, "Agreement Communications") that we provide in connection with the services provided at the Site and your Account. Communications include (a) agreements and policies you agree to (e.g., adress) "Anivory Alfocial, including updates to the agreements or policies (b) that marchiter neeping conformations and (e) and the Account, PE data associated to a strange of the Account, PE data associated to a strange of the Account, PE data associated associated and and a strange of the Account, PE data associated are & Software Requirements. In order to access and retain electronic Communications, you will need the following computer hardware and software: (i) nenctice; (i) a current web brower that includes T28 bit encryption (e.g. Internet Explorer venion 6.0 and above, Firefore venion 2.0 and above, Chrome data 1.0 and above) this clockies enabled: (ii) dokke Archett Reader version 8.0 and above to port occurrents in pdf formitz and (iii) valid enabled above the software of the software above the software of the software of the software above to perform the software of the software above the software of the software above, or Safari 3.0 and above) a email address on file with PPS). All Canages, PS and to find you if there are any material changes to the hardware or software needed to receive electronic Communications from PPS. You represe you have access to the necessary equipment and are able to receive, open, and print or downlaad access of the received from PPS (sour records, Always print or sa Communications received from PPS (sour records as the my may to be accessible on the all alter data. Account memory memory and your rectars is they may not be accessible online at a later date. A Counter Information Deglets. It is your rescaling to lot your your improvemal address on the inscrete, you of date how the PS can communicate with your dectorolically. You agree to send you an electronic Communication but you do not need to be based your your and address on the inscrete, you of date, blocked your arrive provide, or your provide the send your and the provide to any send to be address on the inscrete, you of date, blocked your arrive provide, or your provide the send your envice provide the send you will not be address on the inscrete, you of date, blocked your arrive provide, or your address on the send you will not be address on the provide the Communication to you. You are used you will not be date for the your and you will not be address from your account until we notify you will not be address from your account until we notify privity emains and you will not be address from your account until we notify you will not be address from your account until we A condectainty to an eco-where the set of th . of this ans wormscom wurdut dar prior written permission. 6 Mrivagy, This Agreement also incorporates by reference the PPS Privacy Policy' which is accessible at http://www.pponinec.com/privacy-policy.html on the Site, as it may be by PPS from the to its the visual accessible and provisions of the PPS Privacy Policy' which is accessible at http://www.pponinec.com/privacy-policy.html on the Site, as it may be by PPS from the to its the visual accessible and provisions of the PPS Privacy Policy' which is accessible at http://www.pponinec.com/privacy-policy.html on the Site, as it may be by PPS from the to its the visual accessible and provisions of the PPS Privacy Policy' which are not the PPS Privacy Policy and the visual accessible at http://www.pponinec.com/privacy-policy.html on the Site, as it may be by PPS from the too the PPS Privacy Policy' which are not due to accessible at http://www.pponinec.com/privacy-policy.html on the Site, as it must be by PPS from the too the PPS Privacy Policy' which are not due to accessible at http://www.pponinec.com/privacy-policy.html on the Site, as a from the PPS Privacy Policy' which are not the PPS Privacy Policy' which accessible at a construction accessible at a construction accessible at a construction accessible and the fraction accessible at a construction accessible at a privach back and accessible at a construction accessible at a privach back are not amount to PPS endownement or validation of any third party visits, implicitly or explicitly. The inclusion of many links does not imply endownement by PPS third party which are not back as a construction accessible at a structure accessible at a structur Itim party sensors. I. Termination & Sorvival. may terminate this Agreement and your right to access or use our Site, at any time, with or without cause. All covenants and agreement is contained in this Agreement, that by the nature accesses to such covenants and agreements is manorably constructed to unvive and particular the test of this Agreement, submit sources and termination or equivation industry burn to imited to sciences 3, 5, 6, 8, 9, 10, 10, and 3. his Agreement, shall survive such termination or exploration including, but not limited in 5, etc. 6a, 2, 5, 6, 8, 30, 11, 2 and 11, Interchard Porgerts, A technom PSA and op, su acknowledge and grade that PSF source all right, list and interact in 10 the sorvices and content provided by PSS at the Site and copyrights, patients, trademarks and coher intelfectual property rights therein. The Site and the content provided in the Site and the sorvices, including the tot exploration, but not acknowledge and the source of the sources and content provided by PSS at the Site and maked and vide of the source transmitted or distributions, maked on vide of the Site and the source of t constructed organities where ere right to any trademarks logies or other intellectual property rights. Dis Delalments: Hist Provides And Hist SHAR ADAL TECHNICOLOGY OFFAMEE, FUNCTIONS, CONTENT, IMAGES, MATERIAS AND OTHER DATA OS INFORMATION PROVI BY USI NCONNECTION HEREINTHICOLLECTIVELY THE SERVICE OFFENINGS JA BE ROVIDED '36.5' FYS MARE NO ERPERSIMATIONS OR WARRANTES, DES MINELD, WHETER BERKING BY OFFENITION OF LANC COURSE OF PERIOR CONTERINGS JA BE ROVIDED '36.5' FYS MARE NO ERPERSIMATIONS OR WARRANTES, DES MINELD, WHETER BERKING BY OFFENITION OF LANC COURSE OF PERIOR CONTERNISTS, DANA LANC LOSSING, LASSING AD OTHER STRUCTURES TO THE STIT AND/OR SERVICES PORTINGE THEREN, INCLUDING, BUT NOT LIMITE TO, ANY MELED WARRANTES OF ALERCARMABLITY, ITTHESS TOR AND PROTECTIONS PERIODES, MONN-REMEMENT OT THERE MAY RISINGTS ON THE WHOL ALE HERE DE ROPESSES DOCUMENTE DIFFERER FOR ADDROTS LUSIONS OD DOT HUBBING THAT THE SERVICE OFFERINGS WILL BUILDINGS BUT NOT LIMITE TO, ANY MELED WARRANTES OF ALERCARMABLITY, ITTHESS TOR AND PROTECTIONS MINELD, WHETHER BERKERMONT OT THERE MAY RISINGTS ON THE WHICH ALE HERE BERK DEVERSES DOCUMENTE DIFFERER FOR ADDROTS LUSIONS OD DOT WARRANTE THAT THE SERVICE OFFERINGS WILL BUILDINGS BUT DOL RANCE REL CO FLOR OFFERENCES DOCUMENTE DETAILER FOR ADDROTS LUSIONS OD DOT WARRANTE THAT THE SERVICE OFFERING STRUCTURE DE TO STRUCTURES, STATE MALLED CON OFFERENCES, THE SERVICE OFFERENCES ADDROTS ADDROT RESPECT INTERREPTIONS, INCLUDING, AND NOT UNITED TO, POWE OUTAGES, SYSTEM ANJURES OR OTHER INTERREPTIONS. INCLINENT OF ADMINISTRATING AND ADMINISTRATING AND ADMINISTRATING AND ADMINISTRATING ADM 12. Indemnification. You agree to defend, indemnify and bld hamflest PPS and its affiliates, and their respective employees, officers, directors and representatives against any and a dama for the second llaneous Provisions. 131 Severability. Should any portion of this Agreement be held by a court of competent jurisdiction to be invalid or unenforceable, the remaining portions of this Agreement will rem in full force and effect, and any invalid or unenforceable portions shall be constructed in a numeer that most closely reflexis the effect and intent of the original language. If such construction is not possible, the provision in the severef from the Agreement, and the next the Agreement shall then the anni in fulf force and effect. 13.2 Walvers. The failure by PPS to enforce any provision of this Agreement should in no way be construed to be a waiver, for the present or future of such provision nor should it in any way affect PPS' right to enforce such provision thereafter. All waivers by PPS must be in writing and signed by PPS to be effective. 13.3 No Assignment by You. This Agreement and your obligations hereunder may not be assigned by you. This Agreement will be binding upon, and inure to the benefit of the parties and their respective successors, and permitted assigns. 3.4. Governing Law. This Agreement and performance hereunder shall in all respects be governed and interpreted in accordance with the laws of the State of New Jersey wi effect to conflict of laws principles. You and PPS consent and submit to the exclusive jurisdiction of the state courts of the State of New Jersey and the federal courts located 33.5. Letter Agreement. This Agreement, along with the Privacy Policy page on the Site (eg, the PPS Privacy Policy), sets forth the entire understanding between you in your capacity and PPS with respect to the Site and the services available to you on the Site is also governed by the in effect by and between you employee and PPS. This Agreement does not modify, amend, or supplement, nor have any other effect upon, the agreement by and between you and PPS with themain in difficus and effect upon, the agreement by and between you and PPS with themain in difficus and effect in accodance with its terms. and re-particular memory in an increase and emets in accurate run in semi-Bio Relationships (Fig. 1) is independent contractor of your employer and anothing herein shall be construed as creating an agency, partnership or joint venture between you and PPS. Following enrolment, you will receive an electronic message confirming your enrolment through this online service. If you do not receive an electronic message, you should call Zells Papents Solutions Differ at (107) 288 2071. I have reviewed the agreement and accept the terms and conditions Submit Registration



Your Registration is complete when the 'Congratulations on successfully registering' message displays. An email will be sent to you to create your new password.

Registration	
1. Do you have a registration code?	
2. Tell us about your practice	
About your practice	
Congratulations on success	fully registering. Gen for electronic paymental in a few minutes, you will be receiving an email confirmation with your login details.
Start using Zelis Payments today!	non de carcone payments in a roe minutes, you en or rooming an onair commission entry our rogin actains.

Check your email for a Support message titled 'Create Password'. Open the email and click <u>here</u> in the message.

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Subject:	Create Password
70	elis *
	nents
Disease	a state your peopulard by glights and the
Please	e create your password by clicking
Zolis E	Payments
18167	US Highway 19 North, Suite 300
Clearv	vater, FL 33764
Phone	9: 877-828-8770
Fax:	855-296-3928
Email	info@zelispayments.com
	elispayments.com
www.z	enspayments.com



Type the User Name you created (in the 'About your practice' section of the Registration page) and enter a new password (which must be at least 8 characters long) in both the Password and Confirm Password fields, and then click Submit.

zelis 祥 payments		
₽ (Treate Password	
User Name		
tqateste		
Password (assword must be at least 8 characters long)	
Confirm Pa	sword	
	Submit	

Click here in the Create Password Confirmation popup.





Product Enrollment

Enter your User Name and Password and click Login.





Jser Name	
tqatester	
assword	
Remember My Login	
Login	
Sign up Now!	
Forget Password? (Reset Password)	
Recover Account Name(s)	
We've changed our name! Pay-Plus Solutions is now Zells Payments. You may continue to ccess our services through www.zelispayments.com. Your login credentials have not hanged and you will not need to re-register. Ouestions? Please call 877-828-8770.	

After login, you will need to make your product selection and provide 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
- Click Set Up Enrollment or Start my enrollment to display the Payment method options.

Welcome, Test! Please complete your enrollment by configuring your account choices below. Until your account configuration is complete and your bank account is verified, you will receive payments via our Select fax service so that payments are not delayed. Payment Enrollment ERA/EOP Enrollment Image: Set Up Data Delivery # Notifications Set Up Data Delivery # Set Up Notifications #	zelis.社 payments			🗾 Test QATester 🗸
	Please complete your enrollment by co your account configuration is complete receive payments via our Select fax ser Payment Enrollment	e and your bank account is verified, you v vice so that payments are not delayed. ERA/EOP Enrollment	Notifications	\bigotimes



Payment Methods

After you have logged into your account, you will need to select your Payment Method. Zelis Payments offers you 2 ways to get your payments—Virtual Reimbursement Account (VRA) or Select.

VRA Direct ACH	The direct deposit option settles consolidated payments directly into the provider's bank account via our FDIC insured depository partner. Because Zelis Payments directly manages the entire payment and data delivery process, overall costs of the transaction are substantially reduced.
VRA Mastercard Delivery	With the Mastercard Option, payment flows through the MasterCard network to deposit funds directly into your account. By removing the terminal from the process and replacing it with our B2B "virtual" terminal, we also eliminate the associated terminal fees, thus reducing the cost of processing.

- When the Payment Method opens, click <u>Choose</u> to select your desired payment method. If you select the VRA Payment Method, we offer two VRA options: <u>Direct ACH or</u> <u>MasterCard Delivery</u>.
- ✤ Click Choose Direct ACH or Choose MasterCard .



Complete the required sections of the Enrollment page—Business Information, Bank Information, Data Delivery, Payment Notifications, Review and Agreement and Submit your information.



Business Information: Complete the Business and Contact information section and click Continue>.

Bank Information: Complete the Banking Information section and click Continue>.

Note about Settlement Type: You can elect to receive Net or Gross amount for claim payments. When you select **Net** settlement type, you will receive your claim payment with deductions already made prior to payment delivery. When you select **Gross** settlement type, our claim will be unadjusted or will be delivered without deductions.

<u>Note about Debit selection</u>: This option is only available if you select '**Gross**' settlement type. Gross payment has a billing component that must be established as part of your enrollment. When you select Yes, all processing fees will be deducted from the same bank account we credit your claim payments. When you select No you will be required to provide the Routing Number, Bank account number, designated Account and Ownership type for the Debit account.

king Information			
ank Account Inform	nation 0		
Bank Routing #:	*Account Type:	zelis * Business Check	1936
Routing Number	Checking	Zells ** Business Check Zelses, Zelses,	1930
Routing Number Required	*Ownership Type:	2120 20 ¹	\$ ⊕ ⊯-
Bank Account #: 0	Business	•	Maran 0 Br-
Account Number	Settlement Type	#0000111# \$37721398965 #678	14651078
	Settlement Type O Net	*0000111# G37721398966 *678	890123141 ding Number
Account Number Bank Account #: (Confirm) Confirm Account Number		*0000111# G37721398966 *678	
Bank Account #: (Confirm)	 ○ Net B Gross Debit From Same Account ⊕ ○ Yes	PODODILIS" 13.722.1310.1551 15.57 Check Number Account Number Roo	alog Number
Bank Account #: (Confirm) Confirm Account Number ebit Account Infor	 Net Gross Debit From Same Account Ø Yes No	200001114" 1372213193155 1557 Check Number Account Number Roo	
Bank Account #: (Confirm) Confirm Account Number ebit Account Infor Bank Routing #:	Net Gross Debit From Same Account Ves No mation *account Type:	200003114" 13/22/13/16/16/ 15/2 Check Number Account Number Rou Zelis # Business Check	1936
Bank Account #: (Confirm) Confirm Account Number Ebit Account Infor Bank Routing #: Routing Number	 Net Gross Debit From Same Account 0 Yes Yes	Check Number Scouth Number Reco	aling Number 1936
Bank Account #: (Confirm) Confirm Account Number Ebit Account Infor Bank Routing #: Routing Number Bank Account #: 0	 Net Gross Debit From Same Account 0 Yes 	* 20000 111** 13.72.21.3183 15.5 15.77 Check Number Account Number Received Number Received Number * Discus Number Non-Number Received Number * Discus Number Status Number * Discus Number Status Number * Discus Number Status Number	1936 1936 1936 1936 1936 1936 1937 1936 1937 1936 1937 1936 1937 1937 1936 1937 1936 1937 1936 1937 1936 1937 1936 1937 1937 1937 1937 1937 1937 1937 1937



Enrollment Instructions

Data Delivery: Complete the format and method in which we should deliver your ERA/EOP data. The available formats are: 835, PDF, Paper, xls and CSV. Once you have made your Data Delivery selection click Continue>.

Formats	Methods		
835	Email, FTP, Download or Clearinghouse		
	*If you select FTP, you will be required to provide the following FTP information to complete this step: FTP Name FTP Host FTP Path Login Password and Confirm Password		
	Delivery Options		
	Step 1: 0 833 0 PDF 0 PAPER 0 XLS 0 CSV		
	Step 2: © Imail ® ITPS © Download © Clearinghouse		
	Step 3: • FFP Name: • ligin • FIP Heast: • Password • JIB Regord • Casfern Password • TFP Remote Path • Casfern Password		

	**If you select <i>Clearinghouse</i> you will be required to select the clearinghouse company name to complete this step.					
	Delivery Options					
	Step 1: @ 835					
	Step 2: © Email © FTPS © Download ® Clearinghouse					
	Step 3: Capario 🔻					
PDF	Email, FTP or Download					
Paper	Fax or USPS					
XLS	Email, FTP or Download					

NOTE: Regardless the choice you make during enrollment, you will be able to download claim payment(s) from the Provider Portal in any of our available formats.



Payment Notifications: Select how you wish to be notified when payments are ready and click Next.

Туре	What you need to provide
Email	Type your email address
Fax	Type the fax number(including area code)
Text	Type the SMS number (including area code)
Message	

After you have completed your enrollment, you can click the Provider Settings menu and then click "Notifications" to update your payment notification option.



Review and Agreement: Review the information you have entered for accuracy, type your Name, Title and Email, click the 'I have read the agreement and I accept the terms and conditions' checkbox, and then click Submit.

A confirmation messsage will display to let you know that the enrollment process is complete and you can begin using the <u>Provider Portal</u>.

Seview and Agreement
a review and Agreement
VRA® - Direct ACH Confirmation
Thank you for submitting your enrollment information to Zelis Payments [®] Solutions.
Your VRA® with Direct ACH delivery registration is almost complete. The next steps in the process are:
 In order to verify your bank account for crediting your future claims payments, we will:
Credit a sum less than \$1.00 into your account
Debit the same sum from your account
 Should you have "Credit Block" or "Debit Block", please advise your bank to allow Bank IDs 5452579291, 6452579291 and 1256852000 to credit and debit your account so that we may process your claims payment according to the terms of our Service Agreement.
 Please also notify your bank that you will be receiving CCD- formatted files and that you would like to receive this payment related information. The Re-association Trace Number (TRN) in this file will match the ERA/ECD you are provided in whatever format you have chosen. Please refer your financial institution to NACHA Operating Rules Subsection 33.5.3, should your financial institution need further clarification regarding this request.
Our Service Agreement with you only allows us to i) credit your account for claims payments, or ii) make corrections to these transactions. If you selected the Gross settlement option for th account, the Agreement may also allow us to iii) debit your account for any transaction fees as set forth in the Agreement.
What to Expect Next:
Once we verify that your financial institution will receive credits from us, we will notify you that the process is complete and mail you a Welcome Kit, which will contain a copy of your servic agreement. The verification process normally takes 2-3 business days.
At that time, we will make future payments to this account, and no further action is required from you. Should there be a problem with your financial institution, we will contact you immediately.
Current Payments: Until your bank account is verified, we will continue to make payments and send your data based on your current enrollment in effect with us so that payments are not delayed.
We thank you again for choosing Zelis Payments® Solutions.
If you have any questions, feel free to contact our Customer Service at (877) 828-8770
The Zelis Payments® Solutions Membership Team
Go to the homepage