



## CO- Ordinated Benefits Plans

Attention Providers:

In order to start receiving your ERAs for CO- Ordinated Benefits Plans through EDS, you will need to print and review the enrollment Instructions.

Payer:	CO- Ordinated Benefits Plans
Payer ID:	14829
For Enrollment Questions:	Contact the EDS Enrollment Department at: (800) 842-35181 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Online Enrollment Process:	To enroll please follow the steps on the attached enrollment instructions. <ul style="list-style-type: none"><li>• On Page 12 please follow the steps for the Clearinghouse.</li><li>• Please select DentalXChange from the drop down menu</li></ul>
Enrollment Application:	<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>
Upload, Email or Fax Application to:	Upload back into DDS Enroll <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> 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.



## Electronic Remittance Advice (ERA) Authorization Agreement

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

<b>* Payer Name</b>			
<b>A. Provider Information</b>			
<b>*Provider Name</b>			
<b>*Provider Address</b>			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
<b>B. Provider Identifiers Information</b>			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
<b>C. Provider Contact Name</b>			
<b>*Contact</b>			
<b>*Telephone Number</b>			
<b>*Email Address</b>			
<b>D. Electronic Remittance Advice Information</b>			
<b>*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</b>			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
<b>D. Submission Information</b>			
<b>*Reason for Submission</b>			
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Change Enrollment	
		<input type="checkbox"/> Cancel Enrollment	
<b>Authorized Signature</b>			

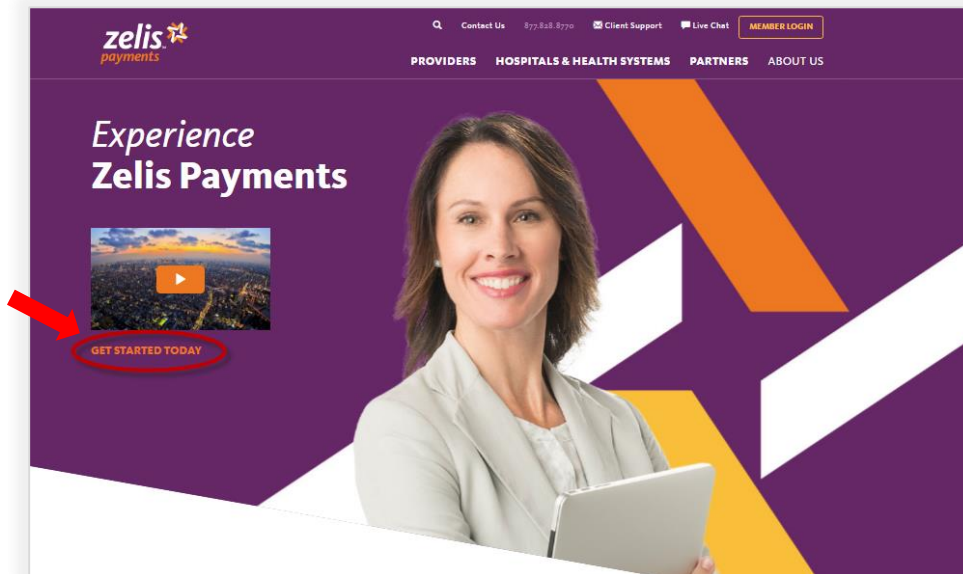
Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment

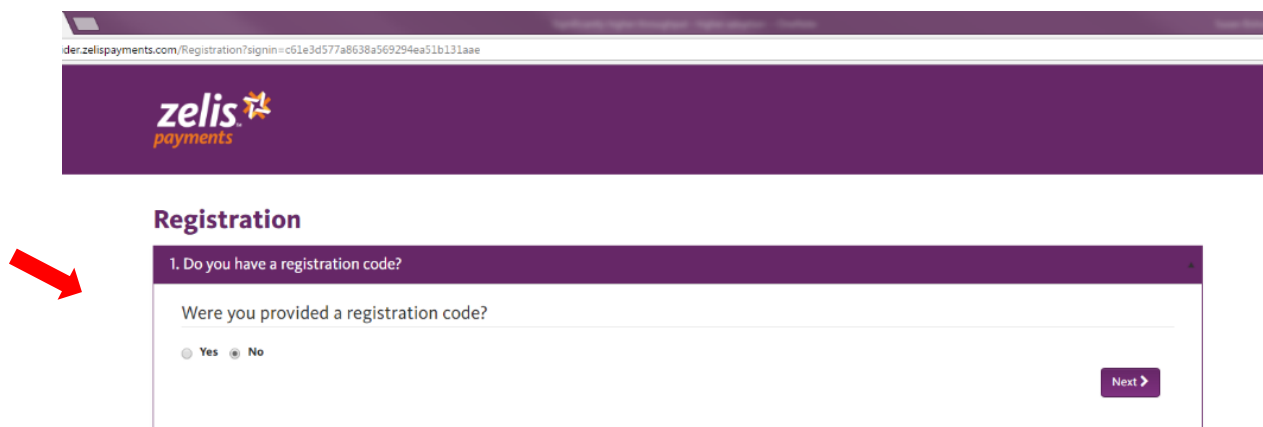
### How to Enroll for ePayments

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 [www.zelispayments.com](http://www.zelispayments.com), 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.



der.zelispayments.com/Registration?signin=c61e3d577a8638a569294ea51b131aae

**Registration**

1. Do you have a registration code?

Were you provided a registration code?

☐ Yes ☐ No

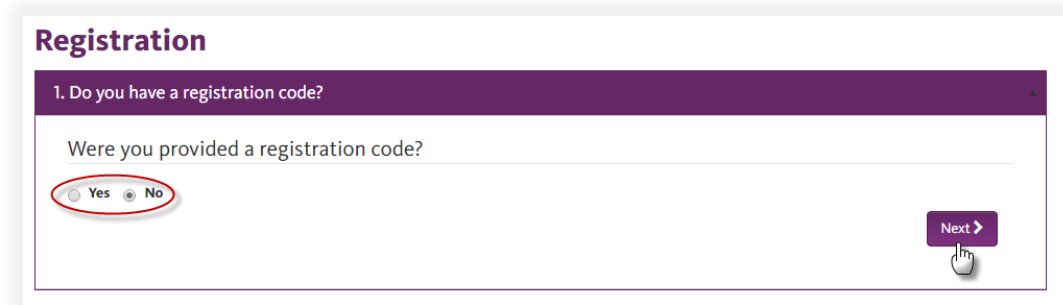
Next >

- 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:
<b>No</b>	You have <u>NOT</u> received a payment from Zelis Payments in the past.
<b>Yes</b>	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</i> , call 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.



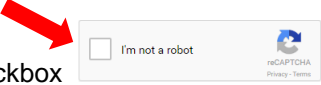
The screenshot shows a registration form titled "Registration". The first question is "1. Do you have a registration code?". Below the question is a text input field labeled "Were you provided a registration code?". There are two radio buttons: "Yes" and "No". The "No" radio button is selected and circled in red. A "Next >" button is located at the bottom right of the form.

- ❖ 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

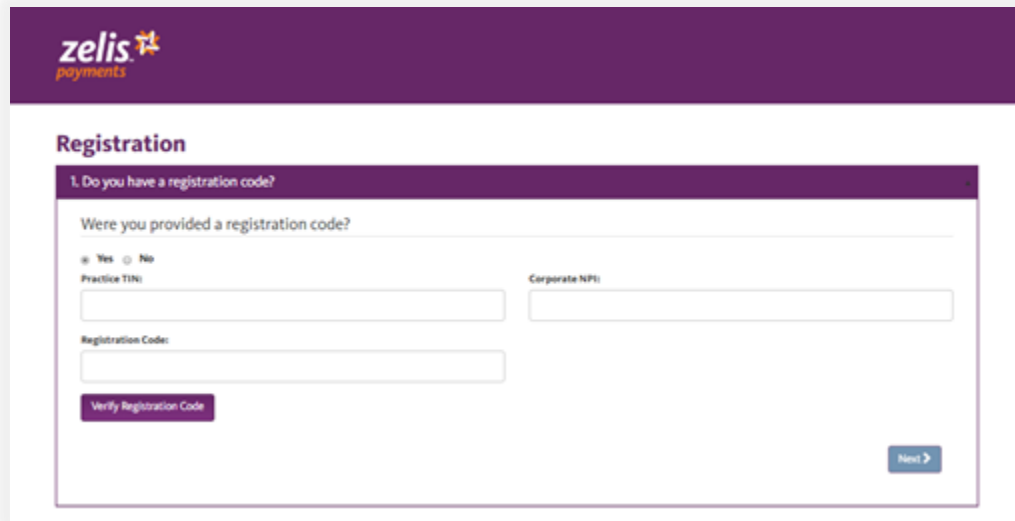
- ❖ Click the 'CAPTCHA' checkbox , and then click **Submit Request**.  
You will receive your registration code and instructions to verify your user account within 48 business hours.

- ❖ 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](#).

A screenshot of the "Registration" form on the zelis payments website. The form is titled "Registration" and contains a section "1. Do you have a registration code?". Below this, it asks "Were you provided a registration code?". There are two radio buttons: "Yes" (selected) and "No". Below the radio buttons, there are three input fields: "Practice TIN:", "Corporate NPI:", and "Registration Code:". A purple button labeled "Verify Registration Code" is located below the "Registration Code:" field. A blue "Next >" button is located at the bottom right of the form.

- ❖ Verify the information in the [About your practice](#) section and create a User Name.



### Registration

1. Do you have a registration code?
2. Tell us about your practice

#### About your practice

##### Practice Information

Practice TIN:

Corporate NPI:

Practice Name:

Practice Address:

City:

State:

Zip:

##### Practice Contact Information

First Name:

Last Name:

Title:

Practice Phone:

Practice Fax:

Practice Email:

Confirm Email:

##### Create Username

Username:

##### Agreement

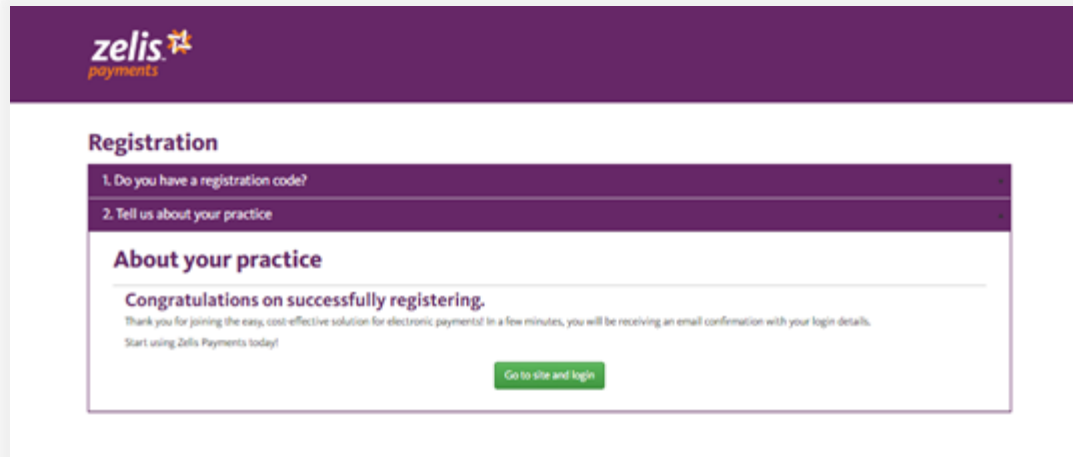
Agreement

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

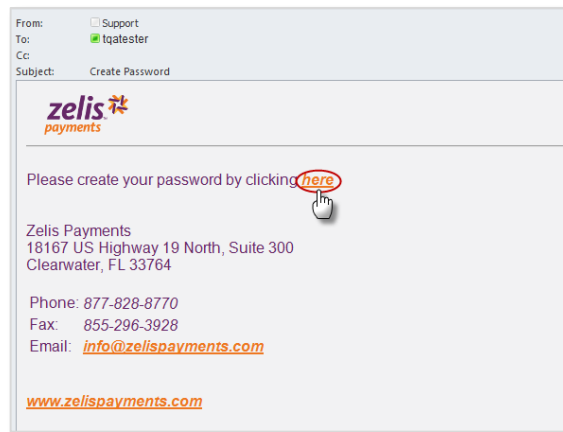
	<p><b>Site Use Agreement</b></p> <p>Please read this Site Use Agreement and the terms and conditions contained below carefully before using this internet website. Your use of this website is subject to, and constitutes acceptance of the conditions included in this Site Use Agreement.</p> <p>You must click the "I Accept" button at the end of this document.</p> <p>This is a legal agreement (this "Agreement") between you in your individual capacity and Zelis Payments Solutions, Inc. ("PPS") and governs your use of this web site (the "Site") and the PPS services available to you on the Site. Your use of the Site and the services available to you on the Site is also governed by the agreement in effect by and between your employer and PPS. This Agreement does not modify, amend, or supplement, nor have any other effect upon, the agreement by and between PPS and your employer which remains in full force and effect in accordance 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.</p> <p><b>1. Your Access &amp; Responsibility.</b> You will be provided with a unique User ID and Password (collectively "Access Codes") to enable you to access and enter the Site. Access Codes give you access to the Site and certain portions of your employer's account and account information as determined by your employer. You have control over who has access to these Access Codes and can change the password at any time. You are responsible for taking all reasonable steps to ensure that no unauthorized person shall have access to your Access Codes or account. You are responsible for any and all authorized and unauthorized use of the Access Codes and for maintaining the security and confidentiality of the Access Codes. You must notify PPS immediately upon becoming aware of any unauthorized use of the Access Codes or any other breach of security. PPS and its suppliers and/or licensors shall not be held responsible and/or liable should you fail in the safekeeping of the Access Codes and your PPS account (the "Account"). It is your sole responsibility to (a) control the dissemination and use of the Access Codes; (b) authorize, monitor, and control access to and use of the Access Codes; and (c) promptly inform PPS of any unauthorized use of or the need to deactivate the Access Codes or any other breach of security. PPS is not liable for your use or misuse of information received from the Site or any unauthorized access to the Site.</p> <p><b>2. Your Identity and Authority to Use Site.</b> You represent and warrant to us that: (a) you are who you portray yourself to be when you use the Site; (b) your use of the Site has been authorized; (c) you will use the Site only in connection with your employer's doing business with PPS, and in a way intended by your employer and PPS; and (d) you have obtained the necessary and proper consents required for you to view, send and/or receive information through the Site including, but not limited to, Medical Information (defined below). You authorize PPS, directly or through third parties, to make any inquiries PPS considers necessary to validate your identity. This may include asking you for further information, requiring you to provide a lawyer identification number, requiring you to take steps to confirm ownership of and/or authority to use your email address or verifying your information against third party databases.</p> <p><b>3. Modifications.</b> 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 on the Site. You are bound 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 Site.</p> <p><b>4. Electronic Delivery of Information.</b></p> <p><b>4.1 Communications.</b> You agree and consent to receive 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. Agreement Communications include (a) agreements and policies you agree to (e.g., this Agreement and PPS Privacy Policy), including updates to these agreements or policies; (b) transaction receipts or confirmations; and (c) any other Account, PPS Funds, account, or transaction information. PPS will provide such Communications to you as is determined by your employer by posting them on the Site and/or by emailing them to you at the primary email address listed in your PPS profile.</p> <p><b>4.2. Hardware &amp; Software Requirements.</b> In order to access and retain electronic Communications, you will need the following computer hardware and software: (i) a computer with an Internet connection; (ii) a current web browser that includes 128-bit encryption (e.g. Internet Explorer version 6.0 and above, Firefox version 2.0 and above, Chrome version 3.0 and above, or Safari 3.0 and above) with cookies enabled; (iii) Adobe Acrobat Reader version 8.0 and above to open documents in .pdf format; and (iv) a valid email address (your primary email address or file with PPS).</p> <p><b>4.3. Changes.</b> PPS will notify you if there are any material changes to the hardware or software needed to receive electronic Communications from PPS. You represent and warrant that you have access to the necessary equipment and are able to receive, open, and print or download a copy of any Communications for your records. Always print or save a copy of any Communications received from PPS for your records as they may not be accessible online at a later date.</p> <p><b>4.4. Contact Information Updates.</b> It is your responsibility to keep your primary email address up to date so that PPS can communicate with you electronically. You agree that if PPS sends you an electronic Communication but you do not receive it because your primary email address or file is incorrect, out of date, blocked by your service provider, or you are otherwise unable to receive electronic Communications, PPS will be deemed for all purposes to have provided the Communication to you. You can update your primary email address or street address at any time by logging into the Site, going to "My Account", and selecting the "Profile" tab. If your primary email address becomes invalid such that electronic Communications sent to you by PPS are returned, PPS may deem your account to be inactive, and you will not be able to transact any activity using your Account until we receive a valid, working primary email address from you.</p> <p><b>5. Confidentiality.</b> You acknowledge that through the Site you may be able to view, send and/or receive confidential medical information, including without limitation patient-related and claims information ("Medical Information") in connection with PPS processing of payments to Providers on behalf of your employer. You agree to maintain the security and privacy of patient-related information, and agree that all Medical Information shall be held in strictest confidence and that such information will be used solely for purposes relating to the payment of medical treatment, communications with us, and other healthcare operations. You also agree to promptly notify us in the event you become aware of any violations of this provision. You further agree not to (a) disclose any of our business information or information regarding our Site (including without limitation information regarding its functionality, options, "look and feel") to any person and/or entity (other than your employer and its employees) without our prior written permission, or (b) use any such business information and/or Site information without our prior written permission.</p> <p><b>6. Privacy.</b> This Agreement also incorporates by reference the "PPS Privacy Policy" which is accessible at <a href="http://www.ppsonline.com/privacy-policy.html">http://www.ppsonline.com/privacy-policy.html</a> on the Site, as it may be modified by PPS from time to time. You acknowledge, represent and warrant that you have read the PPS Privacy Policy and that you agree to the terms and provisions of the PPS Privacy Policy.</p> <p><b>7. Links.</b> The Site and/or the services may contain links to websites that do not fall under our control ("Third Party Sites"). PPS is, therefore, not responsible for the contents, accuracy or functionality of any Third Party Sites or any website that can be accessed by links on any Third Party Site. PPS provides these links to you merely as a convenience and the inclusion of any such links does not amount to PPS endorsement or validation of any third party site, implicitly or explicitly. The inclusion of many links does not imply endorsement by PPS of any third party website.</p> <p><b>8. Termination &amp; Survival.</b> may terminate this Agreement and your right to access or use our Site, at any time, with or without cause. All covenants and agreements of the Parties contained in this Agreement, that by the nature or context of such covenants and agreements is reasonably construed to survive and/or be performed after the termination or expiration of this Agreement, shall survive such termination or expiration including, but not limited to, Sections 2, 5, 6, 8, 9, 10, 11, 12 and 13.</p> <p><b>9. Intellectual Property.</b> As between PPS and you, you acknowledge and agree that PPS owns all right, title and interest in (i) the services and content provided by PPS at the Site and (ii) all copyrights, patents, trademarks and other intellectual property rights therein. The Site and the content provided in the Site and the Services, including the text, graphics, button icons, audio and video clips, digital downloads, data compilations and software, may not be copied, reproduced, republished, uploaded, posted, reposted, transmitted or distributed without the written permission of PPS, and/or its third party providers and distributors, except that you may download, display and print the materials presented on the Site for your employer's internal use only. You agree not to copy the layout, design, concept and organization of the Services for any purpose or use PPS trade names or marks without the express written consent of PPS. Trademarks and logos displayed on the Site are the trademarks of PPS except as otherwise noted. Nothing contained in this Agreement and/or the Site should be construed to grant any license or right to any trademarks, logos or other intellectual property rights.</p> <p><b>10. Disclosures.</b> THE SERVICES AND THE SITE AND ALL TECHNOLOGY, SOFTWARE, FUNCTIONS, CONTENT, IMAGES, MATERIALS AND OTHER DATA OR INFORMATION PROVIDED BY US IN CONNECTION THEREWITH (COLLECTIVELY THE "SERVICE OFFERINGS") ARE PROVIDED "AS IS". PPS MAKE NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, WHETHER ARISING BY OPERATION OF LAW, COURSE OF PERFORMANCE OR DEALING, CUSTOM, USAGE IN THE TRADE OR PROFESSION OR OTHERWISE, WITH RESPECT TO THE SITE AND/OR SERVICES PROVIDED THEREIN, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, NON-INFRINGEMENT OF THIRD PARTY RIGHTS OR TITLE WHICH ARE HEREBY EXPRESSLY DISCLAIMED. FURTHER PPS AND/OR ITS LICENSORS DO NOT WARRANT THAT THE SERVICE OFFERINGS WILL BE UNINTERRUPTED OR ERROR FREE, OR FREE OF HARMFUL COMPONENTS. PPS SHALL NOT BE RESPONSIBLE FOR ANY SERVICE INTERRUPTIONS, INCLUDING, AND NOT LIMITED TO, POWER OUTAGES, SYSTEM FAILURES OR OTHER INTERRUPTIONS.</p> <p><b>11. Limitation of Liability.</b> IN NO EVENT SHALL PPS AND/OR ITS AFFILIATES BE LIABLE TO YOU OR YOUR EMPLOYER (NOR TO ANY PERSON CLAIMING RIGHTS DERIVED FROM YOUR EMPLOYERS OR YOUR RIGHTS) FOR CONSEQUENTIAL, INCIDENTAL, INDIRECT, SPECIAL OR PUNITIVE LOSSES, DAMAGES OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, LOST REVENUE, LOSS OF BUSINESS, OR OTHER ECONOMIC DAMAGES) ARISING OUT OF AND/OR RELATED IN ANY MANNER TO THIS AGREEMENT, THE PERFORMANCE OR NON-PERFORMANCE OF SERVICES AND/OR THE SITE, EVEN IF PPS IS ADVISED OF THE POSSIBILITY OF THE EXISTENCE OF SUCH LOSS, DAMAGE OR EXPENSE, NOTWITHSTANDING ANYTHING TO THE CONTRARY. IN NO EVENT SHALL THE AGGREGATE LIABILITY OF PPS AND/OR ITS AFFILIATES AND/OR THIRD PARTY PROVIDERS WHETHER IN CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY IN TORT BY STATUTE OR OTHERWISE TO YOU, YOUR EMPLOYER AND/OR ANY THIRD PARTY ARISING OUT OF AND/OR RELATED IN ANY MANNER TO THIS AGREEMENT, PERFORMANCE OR NON-PERFORMANCE OF SERVICES AND/OR THE SITE EXCEED THE AMOUNT OF THE FEES RECEIVED BY PPS FOR THE SERVICES PROVIDED UNDER THIS AGREEMENT DURING THE ONE (1) MONTH PERIOD PRIOR TO THE ACT OR EVENT GIVING RISE TO SUCH CLAIM. HOWEVER, SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OF CERTAIN WARRANTIES OR THE LIMITATION OR EXCLUSION OF LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. ACCORDINGLY, SOME OR ALL OF THE ABOVE EXCLUSIONS OR LIMITATIONS MAY/MAY NOT APPLY TO YOU, AND YOU MAY HAVE ADDITIONAL RIGHTS.</p> <p><b>12. Indemnification.</b> You agree to defend, indemnify and hold harmless PPS and its affiliates, and their respective employees, officers, directors and representatives against any and all claims, losses, damages, liabilities, judgments, penalties, fines, costs and expenses (including reasonable attorneys fees), arising from, incurred as a result of, or related to (i) your breach of this Agreement or any representation or warranty contained in this Agreement, (ii) use of the Site including, but not limited to, your unauthorized or illegal use, or (iii) the information contained within or transmitted through the Site, whether by you or any other person using the Access Codes.</p> <p><b>13. Miscellaneous Provisions.</b></p> <p><b>13.1 Severability.</b> 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 remain in full force and effect, and any invalid or unenforceable portions shall be construed in a manner that most closely reflects the effect and intent of the original language. If such construction is not possible, the provision will be severed from this Agreement, and the rest of the Agreement shall remain in full force and effect.</p> <p><b>13.2 Waivers.</b> 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 effect PPS' right to enforce such provision thereafter. All waivers by PPS must be in writing and signed by PPS to be effective.</p> <p><b>13.3 No Assignment by You.</b> 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.</p> <p><b>13.4. Governing Law.</b> This Agreement and performance hereunder shall in all respects be governed and interpreted in accordance with the laws of the State of New Jersey without giving 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 in the State of New Jersey.</p> <p><b>13.5. Entire Agreement.</b> This Agreement, along with the Privacy Policy page on the Site (e.g., the PPS Privacy Policy), sets forth the entire understanding between you in your individual capacity and PPS with respect to the Site and services offered therein, provided that, your use of the Site and the services available to you on the Site is also governed by the agreement in effect by and between your employer and PPS. This Agreement does not modify, amend, or supplement, nor have any other effect upon, the agreement by and between your employer and PPS which remains in full force and effect in accordance with its terms.</p> <p><b>13.6. Relationship.</b> PPS is an independent contractor of your employer, and nothing herein shall be construed as creating an agency, partnership or joint venture between you and PPS. Following enrollment, you will receive an electronic message confirming your enrollment through this online service. If you do not receive an electronic message, you should call Zelis Payments Solutions Office at (877) 828-8770.</p>	
	<p><input type="checkbox"/> I have reviewed the agreement and accept the terms and conditions</p> <p><b>Submit Registration</b></p>	



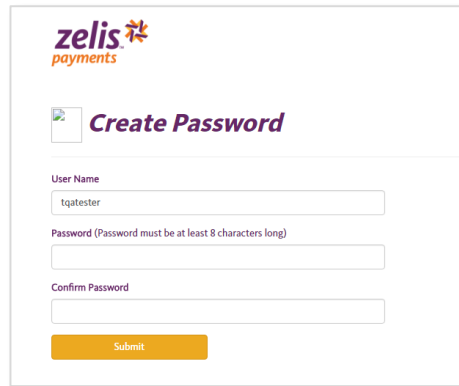
- ❖ Your Registration is complete when the **'Congratulations on successfully registering'** message displays. An email will be sent to you to create your new password.



- ❖ Check your email for a **Support** message titled **'Create Password'**. Open the email and click [here](#) in the message.

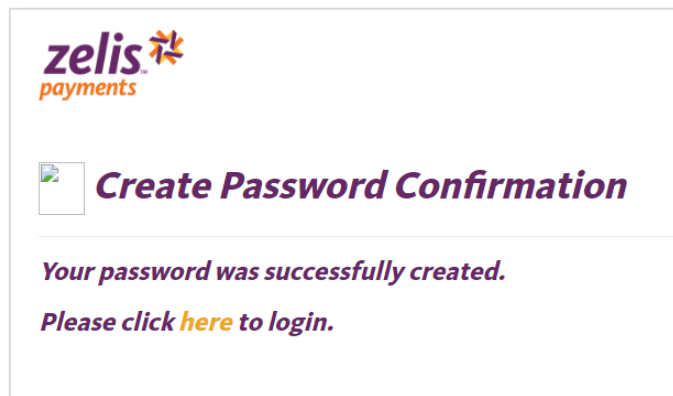


- ❖ Type the *User Name* you created (in the '[About your practice](#)' section of the Registration page) and enter a new password (which must be at least 8 characters long) in both the *Password* and *Confirm Password* fields, and then click **Submit**.



The image shows a 'Create Password' form with the zelis payments logo at the top. Below the logo is a small icon and the title 'Create Password'. The form contains three input fields: 'User Name' with the text 'tqatester', 'Password (Password must be at least 8 characters long)', and 'Confirm Password'. A yellow 'Submit' button is at the bottom.

- ❖ Click [here](#) in the Create Password Confirmation popup.



The image shows a 'Create Password Confirmation' popup with the zelis payments logo at the top. Below the logo is a small icon and the title 'Create Password Confirmation'. The message reads: 'Your password was successfully created. Please click [here](#) to login.'

## Product Enrollment

- ❖ Enter your **User Name** and **Password** and click **Login**.



### Log in to the Zelis™ Payments Provider Portal

User Name

Password

☐ Remember My Login


[Sign up Now!](#)  
[Forget Password? \(Reset Password\)](#)  
[Recover Account Name\(s\)](#)

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.

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.


Test QA Tester

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




[Set Up Enrollment »](#)

ERA/EOP Enrollment




[Set Up Data Delivery »](#)

Notifications



[Set Up Notifications »](#)

Banking Verification



[Set Up Banking »](#)

## 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.

<b>VRA Direct ACH</b>	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.
<b>VRA Mastercard Delivery</b>	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 **Choose** to select your desired payment method. If you select the **VRA** Payment Method, we offer two VRA options: **Direct ACH** or **MasterCard Delivery**.
- ❖ Click **Choose Direct ACH** or **Choose MasterCard**.



The screenshot shows the 'VRA® Payment Method' selection screen. At the top, it says 'Discover a way to get paid that is VRA® SMART'. Below this, it explains that VRA® (Virtual Reimbursement Account) is the most efficient way to maximize payment process for your facility or health system. The screen then offers two options: 'Direct ACH' and 'MasterCard® Delivery'. Each option has a brief description and a 'Choose' button. At the bottom, it states 'By enrolling in a VRA®, you gain efficiencies that help you reach a new level of productivity.' and lists several benefits: 'Eliminate Manual Entry', 'Simplify Reconciliation/Automate Re-Association', 'Ensures Compliance', 'Simplifies payment and data handling', and 'Simple and Transparent Billing'.

- ❖ 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.

**Note about Debit selection:** 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.

VRA® Payment Method ⓘ
Business Information ⓘ
Banking Information ⓘ

### Bank Account Information ⓘ

\* Bank Routing #:

Routing Number

Routing Number Required

\* Bank Account #: ⓘ

Account Number

\* Bank Account #: (Confirm)

Confirm Account Number

\* Account Type:

Checking

\* Ownership Type:

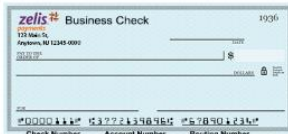
Business

Settlement Type

☐ Net
☒ Gross

Debit From Same Account ⓘ

☐ Yes
☒ No



### Debit Account Information ⓘ

\* Bank Routing #:

Routing Number

\* Bank Account #: ⓘ

Account Number

\* Bank Account #: (Confirm)

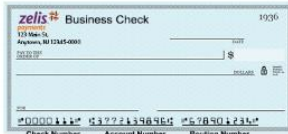
Confirm Account Number

\* Account Type:

Checking

\* Ownership Type:

Business



Previous

Continue >

**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 <p>*If you select FTP, you will be required to provide the following FTP information to complete this step:</p> <p>FTP Name  FTP Host  FTP Path  Login  Password and  Confirm Password</p> <div> <p>Delivery Options</p> <p><b>Step 1:</b>   <input checked="" type="radio"/> 835   <input type="radio"/> PDF   <input type="radio"/> PAPER   <input type="radio"/> XLS   <input type="radio"/> CSV</p> <p><b>Step 2:</b>   <input type="radio"/> Email   <input checked="" type="radio"/> FTPS   <input type="radio"/> Download   <input type="radio"/> Clearinghouse</p> <p><b>Step 3:</b></p> <div> <div>* FTP Name: <input type="text"/></div> <div>* Login: <input type="text"/></div> <div>* FTP Host: <input type="text"/></div> <div>* Password: <input type="text"/></div> <div>* Site Required: <input type="text"/></div> <div>* Confirm Password: <input type="text"/></div> <div>* FTP Remote Path: <input type="text"/></div> </div> <p><small>Regardless of your choice above, you always have the option to download any claim payment(s) from the Provider Portal in any available format.</small></p> <p><b>Submit Request</b></p> </div>
	<p><b>**If you select <i>Clearinghouse</i> you will be required to select the clearinghouse company name to complete this step.</b></p> <div> <p>Delivery Options</p> <p><b>Step 1:</b>   <input checked="" type="radio"/> 835   <input type="radio"/> PDF   <input type="radio"/> PAPER   <input type="radio"/> XLS   <input type="radio"/> CSV</p> <p><b>Step 2:</b>   <input type="radio"/> Email   <input type="radio"/> FTPS   <input type="radio"/> Download   <input checked="" type="radio"/> Clearinghouse</p> <p><b>Step 3:</b></p> <div> <div>Capario</div> </div> </div>
PDF	Email, FTP or Download
Paper	Fax or USPS
XLS	Email, FTP or Download
CSV	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.



## Enrollment Instructions

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

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

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 message will display to let you know that the enrollment process is complete and you can begin using the [Provider Portal](#).

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 file-association Trace Number (TRN) in this file will match the ERA/ECOP you are provided in whatever format you have chosen. Please refer your financial institution to NACHA Operating Rules Subsection 3.1.5.3, 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 this 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 service 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



## Provider Instructions

### Provider Information:

**Provider Name** - Complete legal name of institution, corporate entity, practice or individual provider

**Provider Address**

- **Street** - The number and street name where a person or organization can be found
- **City** - City associated with provider address field
- **State/Province** - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
- **Zip Code/Postal Code** - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
- **Country Code** - ISO-3166-1 Country Code

### Provider Identifiers Information:

**Provider Identifiers**

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
- **National Provider Identifier (NPI)** - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

**Other Identifier(s): Provider License Number**

### Electronic Remittance Advice Information:

**Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Provider preference for grouping (bulking) claim payment remittance advice** - must match preference for EFT payment

- **Provider Tax Identification Number (TIN)**
- **National Provider Identifier (NPI)**

### Submission Information:

**Reason for Submission:**

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

### Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

- **Electronic Signature of Person Submitting Enrollment**
- **Written Signature of Person Submitting Enrollment** - A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
- **Printed Name of Person Submitting Enrollment** - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
- **Printed Title of Person Submitting Enrollment** - The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment