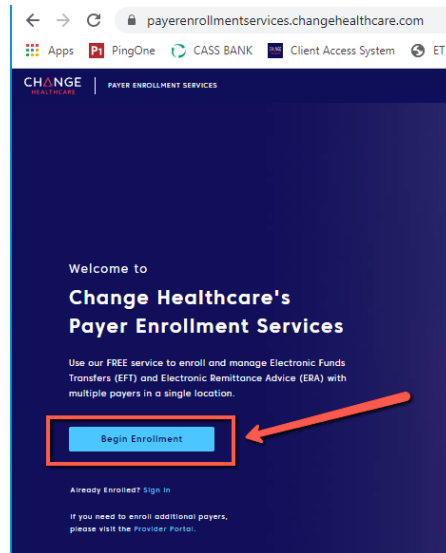


# PES Provider Steps to completing EFT Enrollment

Go to Payer Enrollment Service landing page:

<https://payerenrollmentservices.changehealthcare.com/>

Click on Begin Enrollment button to create Username



Fill in Your First Name, Last Name & Email address and click create account

Let's start with your name and email.

FIRST NAME

LAST NAME

WORK EMAIL

**CREATE ACCOUNT**

Already have an account?  
[Sign In](#)

This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.

If you get the error message (**email address has an existing account with CHC**), then click on the **Sign In** button at the bottom

The image shows a registration form titled "Let's start with your name and email." It contains three input fields: "FIRST NAME" (Test), "LAST NAME" (Test), and "WORK EMAIL" (Test@changehealthcare.com). The email field is highlighted in yellow and has a red arrow pointing to it. Below the email field is an error message: "It looks like this email address has an existing account with Change Healthcare. It may have been created through another Change Healthcare service or solution. Please use 'Sign In' to enter the enrollment experience." Below the error message is a blue "CREATE ACCOUNT" button. At the bottom of the form is a green box containing the text "Already have an account?" and a blue "Sign In" button. A red arrow points to the "Sign In" button.

You will sign in with your UN & PW that either you enrolled through **NPx** or **Payer Enrollment Services** with to complete enrollment.

○ Provider Info      ○ Contact Info      ○ Bank Info      ○ Enrollment

## Provider Information Secure Connection

Please enter information about the practice or company that you wish to enroll.

PROVIDER NAME \* ⓘ      DOING BUSINESS AS NAME (DBA) ⓘ

STREET \* ⓘ      STE, FLR, BLDG (OPTIONAL) ⓘ

CITY \* ⓘ      STATE/PROVINCE \* ⓘ      ZIP CODE/POSTAL CODE \* ⓘ

Provider Identifiers information

PROVIDER FEDERAL TAX IDENTIFICATION NUMBER (TIN) \* ⓘ      TIN TYPE \* ⓘ

NATIONAL PROVIDER IDENTIFIER (NPI) \* ⓘ       I'm NPI exempt ⓘ

[CONTINUE ▶](#)

✔ Provider Info      ○ Contact Info      ○ Bank Info      ○ Enrollment

## Provider Contact Information Secure Connection

This is the person in the provider's office that handles ERA/EFT business.

PROVIDER CONTACT NAME \* ⓘ      TITLE ⓘ

PHONE \*      EXT      EMAIL ADDRESS \*

Provider Agent Information

DO YOU UTILIZE AN OUTSIDE BILLING AGENCY AS AN AUTHORIZED AGENT FOR YOUR BUSINESS? \*

Yes     No

[BACK](#)      [Save & Complete Later](#)      [CONTINUE ▶](#)

If you are signing up for EFT- click YES below to add a bank account

Then click either; Add Financial Institution button or the link to add Financial Institution Information

Provider Info  Contact Info  Bank Info  Enrollment  Submitted

## Financial Institution Information Secure Connection

To create an EFT enrollment, financial institution information is required.

Would you like to add a financial institution account?

Yes  No

*Please note, you may be asked to provide a voided check to validate the account.*

Financial Institution Added **0** [+ ADD FINANCIAL INSTITUTION](#)

Please [add a financial institution](#)

If you require additional financial institution accounts for your NPIs under this TIN, set up each of those accounts here.

[BACK](#) [Save & Complete Later](#) [CONTINUE](#)

## Add New Financial Institution

PROVIDER, TIN

Enter your financial institution information for where EFT payments will be deposited.

ACCOUNT TYPE \*

Checking  Savings

FINANCIAL INSTITUTION NAME \* *Please note, you may be asked to provide a voided check to validate the account.*

FINANCIAL INSTITUTION NICKNAME (OPTIONAL)

FINANCIAL INSTITUTION ROUTING NUMBER \* *Please note, you may be asked to provide a voided check to validate the account.*

CONFIRM FINANCIAL INSTITUTION ROUTING NUMBER \* *Please note, you may be asked to provide a voided check to validate the account.*

PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION \* *Please note, you may be asked to provide a voided check to validate the account.*

CONFIRM PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION \* *Please note, you may be asked to provide a voided check to validate the account.*

Account Owner

Please enter the name on the financial institution account exactly as it appears on your checks.

BANK ACCOUNT OWNER TYPE \*

Business  Individual

NAME ON BANK ACCOUNT \*

[SUBMIT](#) [CANCEL](#)

You may be prompted to provide front and back of voided check and OR Bank letter.

✓ Provider Info
✓ Contact Info
○ Bank Info
○ Enrollment
○ Submitted

## Financial Institution Information Secure Connection

To create an EFT enrollment, financial institution information is required.

Financial Institution Added 1 + ADD FINANCIAL INSTITUTION

FINANCIAL INSTITUTION NAME	NICKNAME	ACCOUNT TYPE	LAST 4 DIGITS	
Citibank	--	Checking	**** 3151	<a href="#">✎</a> <a href="#">✕</a>

If you require additional financial institution accounts for your NPIs under this TIN, set up each of those accounts here.

BACK
Save & Complete Later
CONTINUE ▶

Click Add Enrollment button or the link:

✓ Provider Info
✓ Contact Info
✓ Bank Info
○ Enrollment

## Enrollment Secure Connection

Add enrollments for payers who you currently submit claims for and would like to receive electronic payments and/or electronic remittance advices from.

Payer Enrollment 0 + ADD ENROLLMENT

start by [adding an Enrollment](#)

BACK
Save & Complete Later
CONTINUE ▶

Select the PAYER from Dropdown:

The screenshot shows a web interface for adding enrollment. At the top, there is a progress bar with four steps: 'Provider Info' (checked), 'Contact Info' (checked), 'Bank Info' (checked), and 'Enrollment' (not checked). The main window is titled 'Add Enrollment' and has a close button (X) in the top right corner. On the left side, under 'PROVIDER, TIN', it says 'Dr. Bilic, ██████████767'. The main content area contains the instruction: 'Please select a payer for which you currently submit claims and from which you like to receive electronic funds transfer (EFT) and/or electronic remittance advice (ERA)'. Below this is a dropdown menu labeled 'PAYER +' with the text 'Select' and a downward arrow. At the bottom right, there are two buttons: 'CANCEL' and 'CONTINUE'.

Select Service for EFT

This screenshot shows the same 'Add Enrollment' form, but with more information. The 'PROVIDER, TIN' section now says 'Alex's XRay, ██████████320'. The 'PAYER +' dropdown menu is now populated with 'Premier Access (CX078)'. Below the payer selection, there is a section titled 'Service Selection'. It contains a dropdown menu with 'EFT' selected and a checkmark, and 'Electronic Funds Transfer' listed below it. The 'CANCEL' and 'CONTINUE' buttons are still present at the bottom right.

Select the Provider Identifier displayed depending on the payer preference

The system will automatically associate the Bank account added (unless multiple accounts exist) to the EFT enrollment:

The screenshot shows a web form titled "Add Enrollment" with a progress bar at the top. The progress bar has five steps: "Provider Info", "Contact Info", "Bank Info", "Enrollment", and "Submitted". The "Enrollment" step is currently active. The form is divided into a left sidebar and a main content area. The sidebar contains the following information: **PROVIDER, TIN** Alex's XRay, [REDACTED] 320; **PAYER** Premier Access (CX078); **SERVICE** EFT. The main content area is titled "Account Number Linkage to Provider Identifier" and includes the instruction: "Please indicate the preference for grouping claim payments". Below this is a section titled "TIN & Provider ID(s)" with a radio button and the text: "Set up this enrollment for the unique payer assigned Provider ID(s) associated with your TIN." A "More Info" link is provided. At the bottom of the form are "BACK", "CANCEL", and "CONTINUE" buttons. To the right of the main form, there are three additional panels, each with a radio button and a "More Info" link. The first panel is titled "TIN" and contains the text: "Receive payments/ remittance for all providers associated with your TIN." The second panel is titled "TIN & NPI(s)" and contains the text: "Set up some of the Billing NPIs under the TIN for this enrollment." The third panel is titled "TIN & Provider ID(s)" and contains the text: "Set up this enrollment for the unique payer assigned Provider ID(s) associated with your TIN."

The screenshot shows the "Add Enrollment" form at the "EFT Information" step. The progress bar at the top shows that "Provider Info", "Contact Info", and "Bank Info" are completed, while "Enrollment" and "Submitted" are not. The sidebar on the left contains: **PROVIDER, TIN** Alex's XRay, [REDACTED] 320; **PAYER** Premier Access (CX078); **SERVICE** EFT; **PAYMENTS GROUPING** TIN & Provider ID(s), 22597. The main content area is titled "EFT Information" and displays: **BANK \*** Citibank - 3151. Below this is the instruction: "If you would like to designate a different bank account for a Provider ID, please create an additional enrollment for that Provider ID by clicking on the Add Enrollment button on the Enrollment page." At the bottom of the form are "BACK", "CANCEL", and "SUBMIT" buttons.

✓ [Provider Info](#)
✓ [Contact Info](#)
✓ [Bank Info](#)
○ [Enrollment](#)
○ [Submitted](#)

## Enrollment Secure Connection

Add enrollments for payers who you currently submit claims for and would like to receive electronic payments and/or electronic remittance advices from.

**Payer Enrollment** 1 + ADD ENROLLMENT

PAYER	SERVICE	PROVIDER BANK	NPI	PROVIDER ID	
Premier Access (CX078)	EFT	Citibank - 3151	--	22597	

BACK
Save & Complete Later
CONTINUE ▶

✓ [Provider Info](#)
✓ [Contact Info](#)
✓ [Bank Info](#)
✓ [Enrollment](#)

## Terms & Conditions Secure Connection

Payer Enrollment Services Download

CHANGE HEALTHCARE PROPRIETARY AND CONFIDENTIAL

**CHANGE HEALTHCARE PAYER ENROLLMENT SERVICES**

**TERMS OF SERVICE**

**Last Updated: June 1, 2021**

This is a legal agreement between the healthcare provider registering through this site ("Provider," "you," or "your") and Change Healthcare Operations, LLC and its affiliates ("Change Healthcare," "CHC," "we," or "us") regarding your use of the CHC hosted and branded portal (the "Portal"). Change Healthcare maintains and operates as part of its Payer Enrollment Services (the "Services"). Together, the Portal and the Services are called the "Platform".

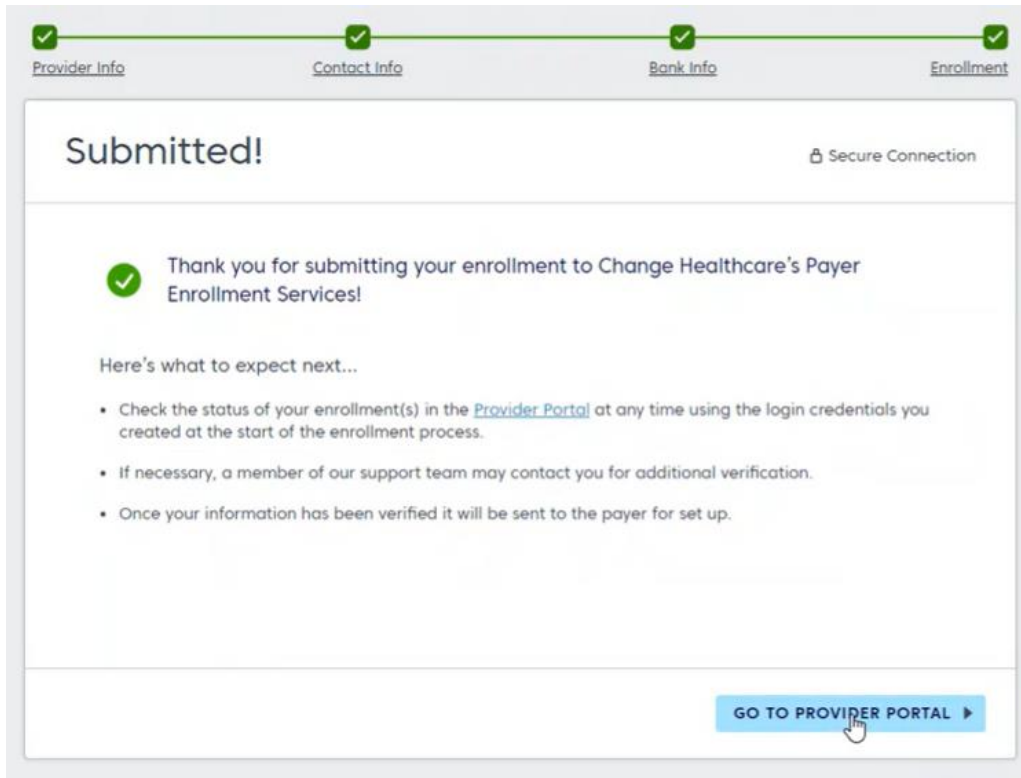
The Portal connects Providers with healthcare organizations, health plans and other organizations that participate in the Services (the "Participants") to help facilitate access to information the Participants require for Providers to receive electronic funds transfer payments ("EFTs") and/or electronic remittance advice ("ERAs") that the Participants initiate and complete outside of the Platform, either directly or through one or more clearinghouses. Access to the Portal is only offered and made available to Providers that have and continue to maintain a separate agreement with at least one Participant based on information CHC obtains directly from the Participants.

PREV
Page 01 of 8
NEXT

I am authorized and agreeing to the terms and conditions

BACK
Save & Complete Later
SUBMIT ENROLLMENT ▶





## Already enrolled? To make updates for the below:

- Add Additional Payers
- Add New Banking
- Add Additional NPI's/ Provider ID's

## Log into the Provider Portal/ The Admin Console below:



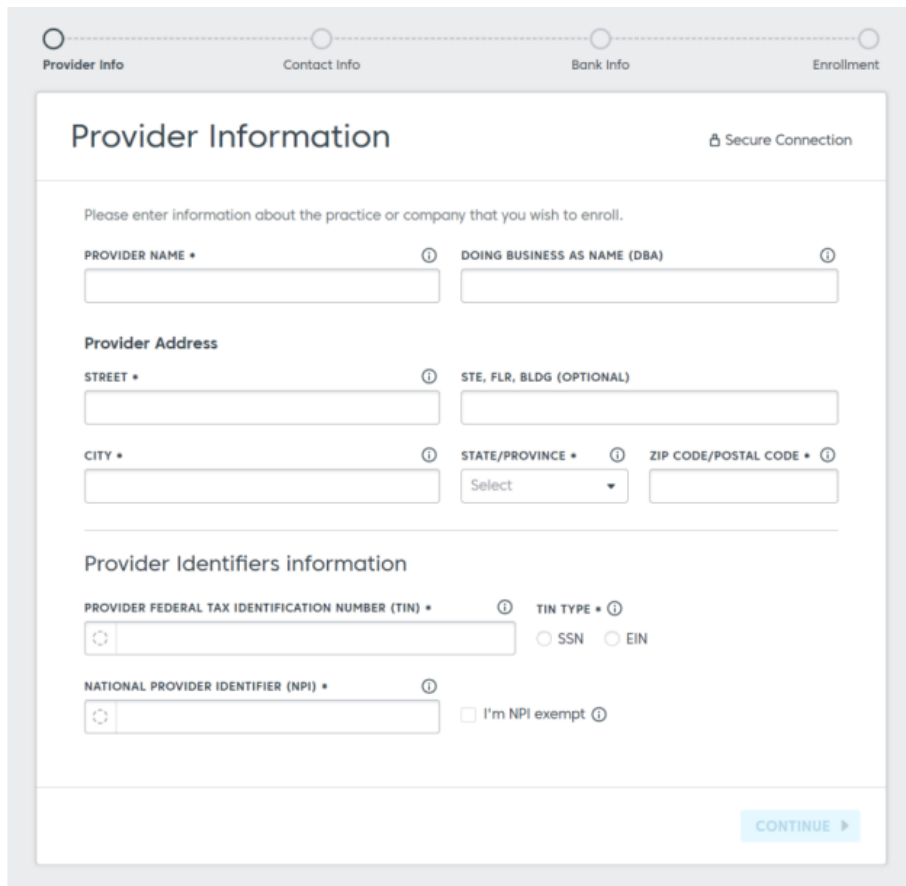
## Enrolling a New TIN

1. Click the “Enroll New TIN” button above the list of TINs to enroll a new TIN from the Admin Console:



2. Next, you’ll be asked to provide information related to your practice or company including:

- a) Provider Name – this should be your legal business name that you put on your tax documents
- b) Doing Business As Name (DBA) – A trade name or fictitious business name that the provider may operate under, but is not the business name of the practice
- c) Legal Business Address, City, State, ZIP Code
- d) Tax Identification Number (either EIN or SSN)
- e) Billing NPI (if applicable)

The image shows a screenshot of a web form titled 'Provider Information'. At the top, there is a progress bar with four steps: 'Provider Info', 'Contact Info', 'Bank Info', and 'Enrollment'. The 'Provider Info' step is currently active. The form includes a 'Secure Connection' indicator. Below the title, there is a prompt: 'Please enter information about the practice or company that you wish to enroll.' The form fields are organized into sections: 1. 'Provider Name' and 'Doing Business As Name (DBA)' - two text input fields. 2. 'Provider Address' - 'Street' (text input), 'City' (text input), 'State/Province' (dropdown menu with 'Select' as the current value), and 'STE, FLR, BLDG (OPTIONAL)' (text input). 3. 'Provider Identifiers information' - 'Provider Federal Tax Identification Number (TIN)' (text input with a refresh icon), 'TIN Type' (radio buttons for 'SSN' and 'EIN'), 'National Provider Identifier (NPI)' (text input with a refresh icon), and a checkbox for 'I'm NPI exempt'. A 'CONTINUE' button with a right-pointing arrow is located at the bottom right of the form.

3. Return to Page 3 for the Enrollment Flow