

WHICH FORMS SHOULD I COMPLETE?

- **VPay Online Enrollment** (Instructions begin on pg. 2)
 - o Select **Office Ally** as your **Clearinghouse**

HOW DO I CHECK STATUS?

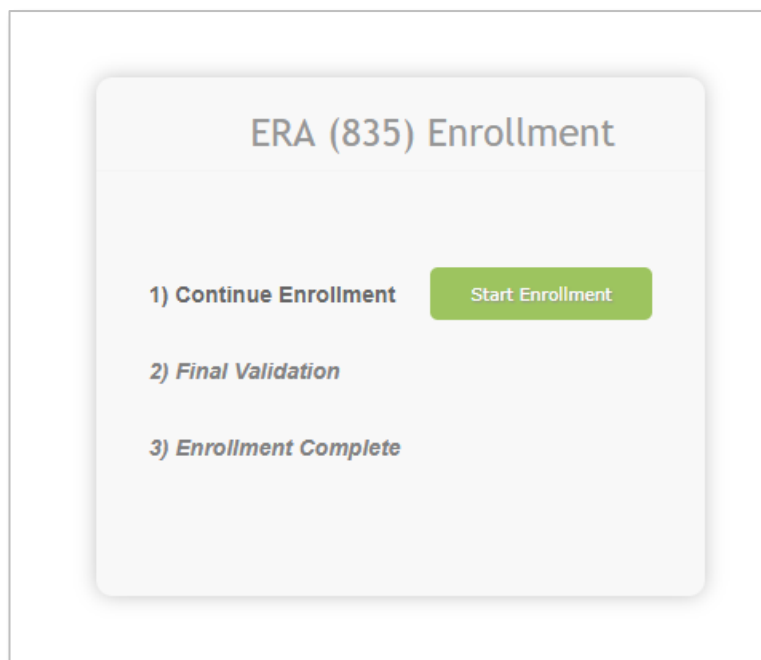
- Send an email to stream.support@sdata.us

ERA ENROLLMENT

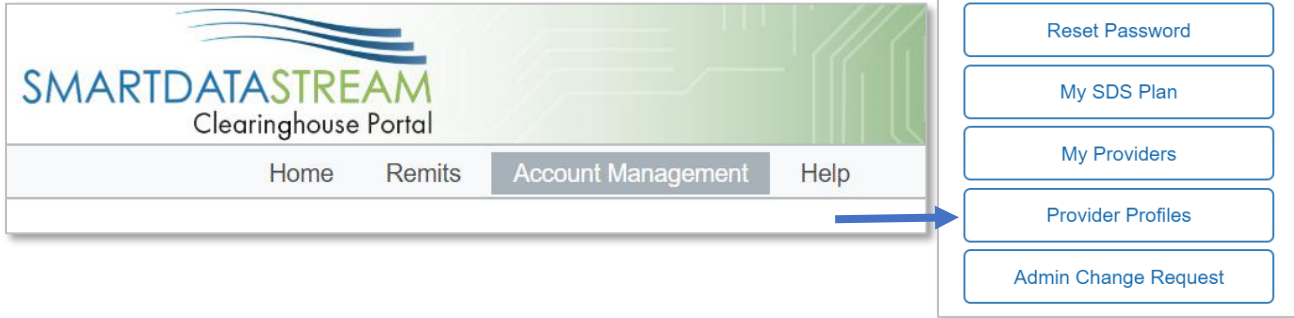
- There are several different methods for starting an ERA account with Smart Data Solutions depending on which payer you are enrolling for. If you have an account that doesn't include ERA enrollment already, or if you have a specific ERA account and would like access to additional payer's ERAs, please contact us as stream.support@sdata.us for more information.
 - Providers can create an account with this link – [SDS Account Creation](#)
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STARTING ERA ENROLLMENT

- After you've logged in and changed your password, you should be immediately prompted to start your ERA enrollment.

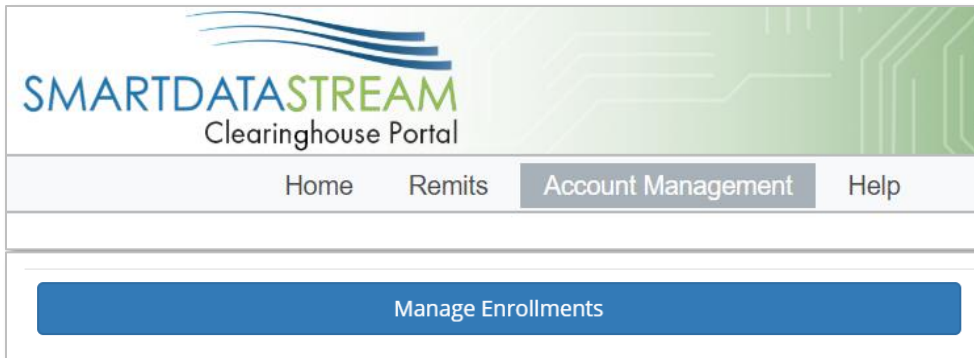


- If the above screen does not automatically appear you can select Account Management at the top bar. Then select Provider Profiles



OR

- Select Remits at the top bar then Manage Enrollments



ENROLLMENT FORM

Profile

Profile Nickname _____

Provider Information

* Name
Test Provider T1000 _____

Doing Business As (DBA) _____

* Address Line 1 _____

Address Line 2 _____

Provider Identifiers Information

* Tax Identification Number (TIN) _____ Verify TIN: _____

National Provider Identifier (NPI) _____ Verify NPI: _____

Trading Partner ID _____

Provider Contact Information

* Last Name test * First Name test

* Contact Phone (651) 555-5555 x55555

Contact Fax

Profile Name will not affect your ERAs and is only for labeling enrollments on your account

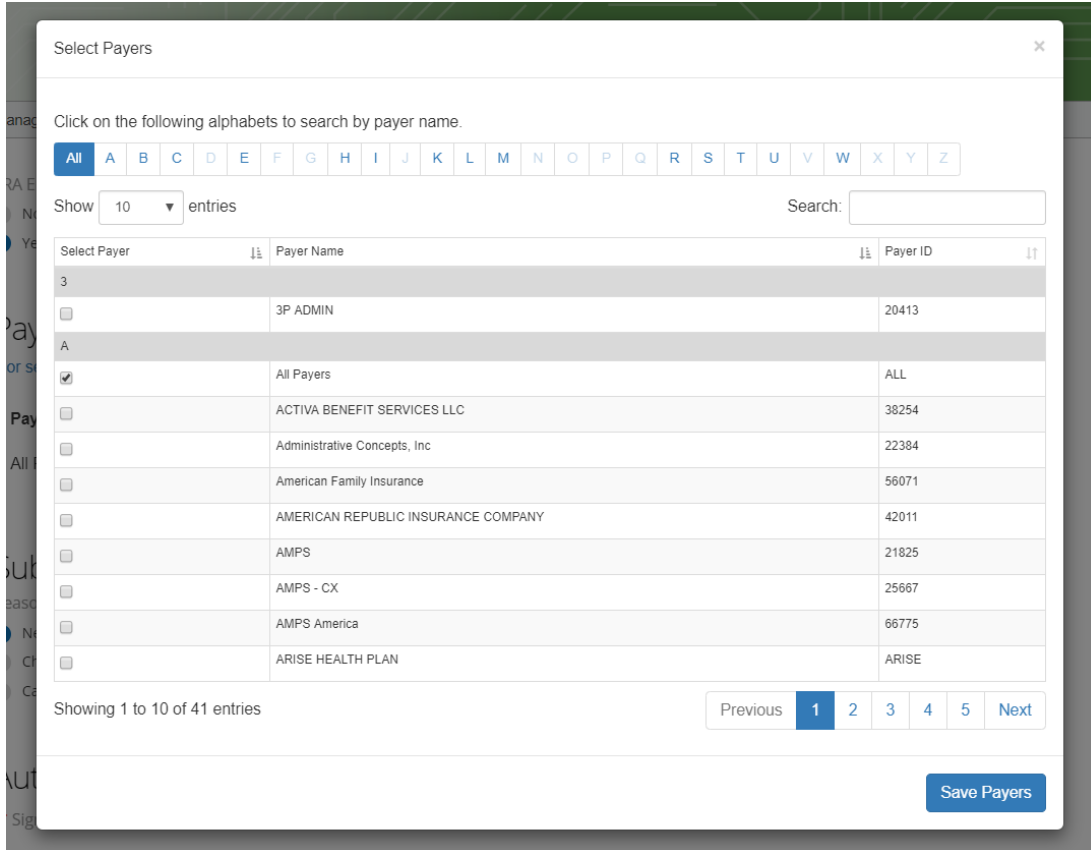
Don't forget to verify your tax ID

NPI is not required for your ERA enrollment. If left blank, you will receive ERAs for all NPIs associated with the Tax ID you enroll

Trading Partner ID is not required if you do not have one

Fax may be left blank if unavailable

- Under Payer Selection select "or select individual payers" You will then see the screen below:



Select Payers

Click on the following alphabets to search by payer name.

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Show 10 entries Search:

Select Payer	Payer Name	Payer ID
<input type="checkbox"/>	3P ADMIN	20413
<input checked="" type="checkbox"/>	All Payers	ALL
<input type="checkbox"/>	ACTIVA BENEFIT SERVICES LLC	38254
<input type="checkbox"/>	Administrative Concepts, Inc	22384
<input type="checkbox"/>	American Family Insurance	56071
<input type="checkbox"/>	AMERICAN REPUBLIC INSURANCE COMPANY	42011
<input type="checkbox"/>	AMPS	21825
<input type="checkbox"/>	AMPS - CX	25667
<input type="checkbox"/>	AMPS America	66775
<input type="checkbox"/>	ARISE HEALTH PLAN	ARISE

Showing 1 to 10 of 41 entries

Previous 1 2 3 4 5 Next

Save Payers

- Select Clearinghouse

Payer Selection

...or select individual payers

Payer Name	Payer ID	Clearinghouse Name	Actions
Actuarial Management Resources	30377	Office Ally	Apply All <input type="button" value="X"/>
Adventist Health System/West	56731	SDS Enrollment Portal	Apply All <input type="button" value="X"/>
American Family Insurance	56071	SDS Enrollment Portal	Apply All <input type="button" value="X"/>
American Republic Insurance	42011	SDS Enrollment Portal	Apply All <input type="button" value="X"/>
Apostrophe (Health Axis Group)	81312	SDS Enrollment Portal	Apply All <input type="button" value="X"/>

- Select “Apply All” to the right of the Clearinghouse Name and you will see the following result

Payer Selection
 ...or select individual payers

Payer Name	Payer ID	Clearinghouse Name	Actions
Actuarial Management Resources	30377	Office Ally	Apply All
Adventist Health System/West	56731	Office Ally	Apply All
American Family Insurance	56071	Office Ally	Apply All
American Republic Insurance	42011	Office Ally	Apply All
Apostrophe (Health Axis Group)	81312	Office Ally	Apply All

- The form will automatically have New Enrollment selected. If you click Save Progress and then come back to it, it will say Change Enrollment.
 - This does not affect your enrollment and only indicates that this is no longer the first time you are accessing this form.
- Type in your name for the signature.
- For the effective date, the soonest date available will be three days after the submission date. Any payments you receive after that submission date will have a corresponding ERA sent to your account.

Submission Information
 Reason for SUBMISSION

New Enrollment
 Change Enrollment
 Cancel Enrollment

Authorized Signature

* Signature

Submission Date
2019-08-27

* Requested ERA Effective Date

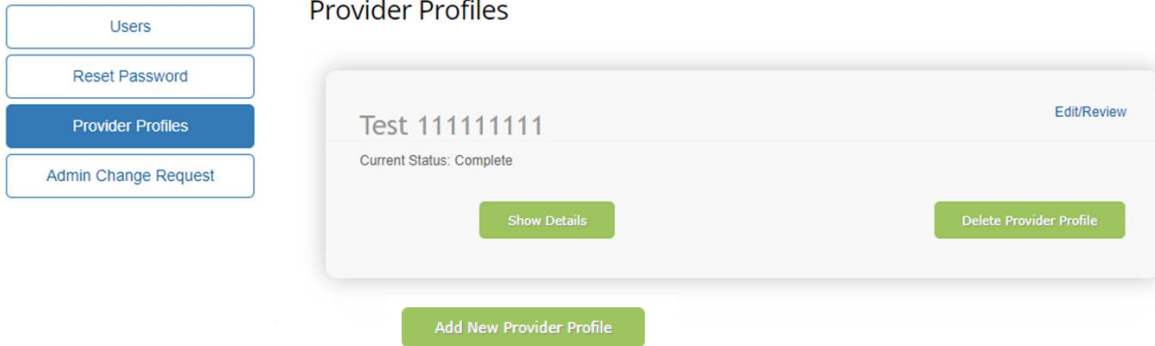
SAVE PROGRESS

SUBMIT

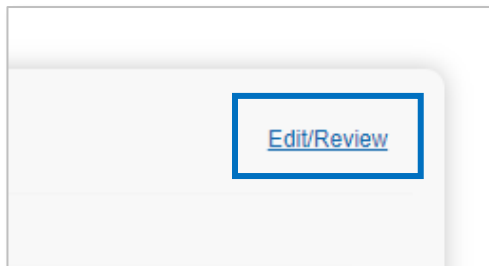
- After you click Submit it will redirect you to a page that looks like this. If you see this page, you have successfully submitted your ERA enrollment.

Account Management

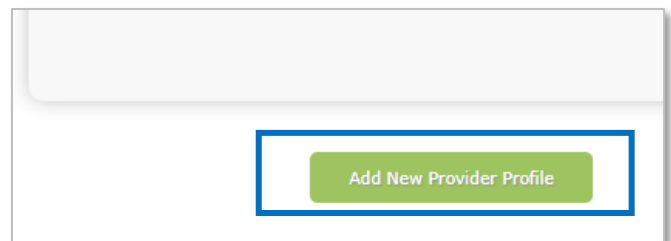
This page is for maintaining account wide preferences such as viewing or re-issuing your API key, or managing payment methods.



The screenshot shows a navigation menu on the left with four buttons: "Users", "Reset Password", "Provider Profiles" (highlighted in blue), and "Admin Change Request". To the right, under the heading "Provider Profiles", there is a card for a provider profile with the ID "Test 111111111". The card includes an "Edit/Review" link, a "Current Status: Complete" indicator, and two buttons: "Show Details" and "Delete Provider Profile". Below the card is a green button labeled "Add New Provider Profile".



- To change contact information, add or remove payers, change retrieval method, or cancel your enrollment you can click on Edit/Review



- To enroll additional tax ID's or NPI's click Add New Provider Profile