

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?

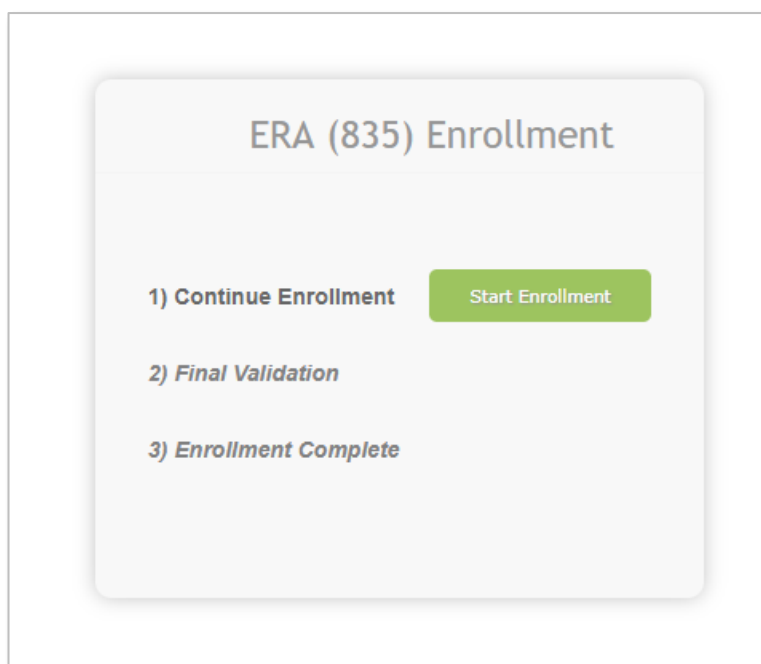
- Send an email to stream.support@sdata.us

ERA ENROLLMENT

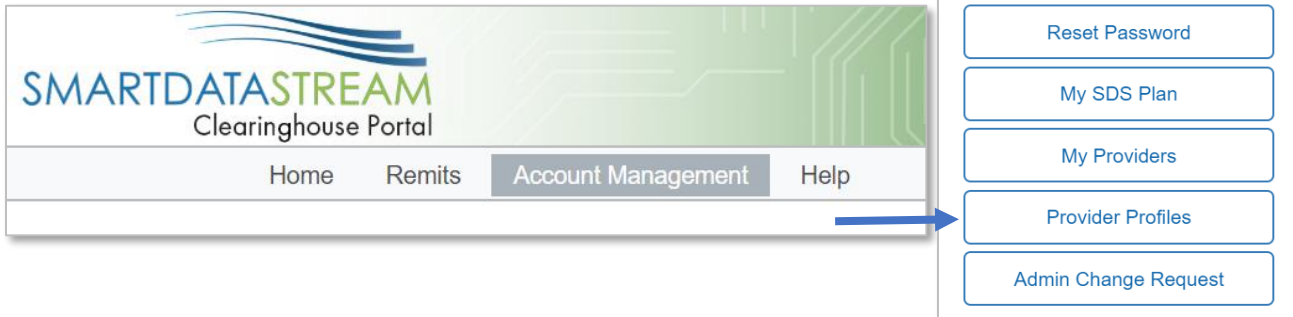
- There are several different methods for starting an ERA account with Smart Data Solutions depending on which payer you are enrolling for. If you have an account that doesn't include ERA enrollment already, or if you have a specific ERA account and would like access to additional payer's ERAs, please 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.

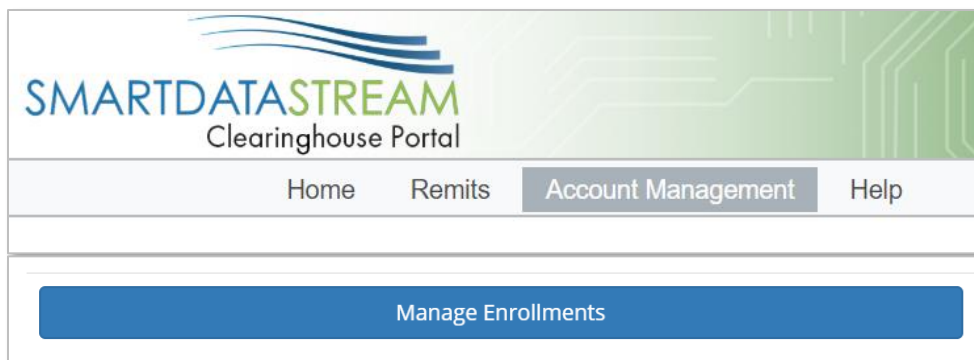


- If the above screen does not automatically appear you can select Account Management at the top bar. Then select Provider Profiles



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 * First Name
test 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

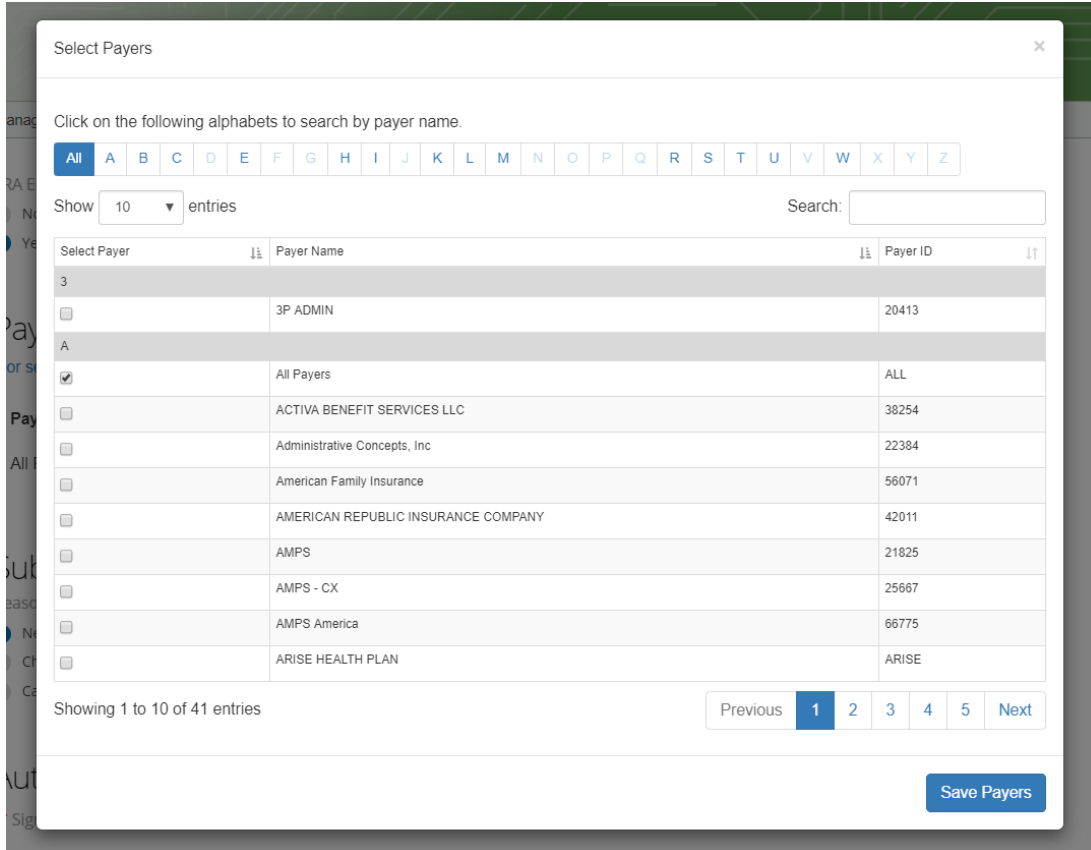
Don't forget to verify your tax ID

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
3	3P ADMIN	20413
A		
<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	Availity	Apply All
Adventist Health System/West	56731	SDS Enrollment Portal	Apply All
American Family Insurance	56071	SDS Enrollment Portal	Apply All
American Republic Insurance	42011	SDS Enrollment Portal	Apply All
Apostrophe (Health Axis Group)	81312	SDS Enrollment Portal	Apply All

- 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	Availity	Apply All
Adventist Health System/West	56731	Availity	Apply All
American Family Insurance	56071	Availity	Apply All
American Republic Insurance	42011	Availity	Apply All
Apostrophe (Health Axis Group)	81312	Availity	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 ☺

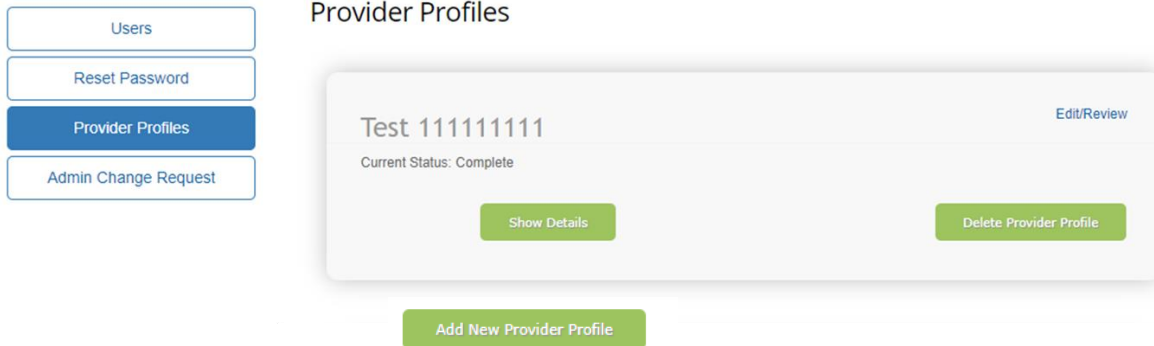
SAVE PROGRESS

SUBMIT

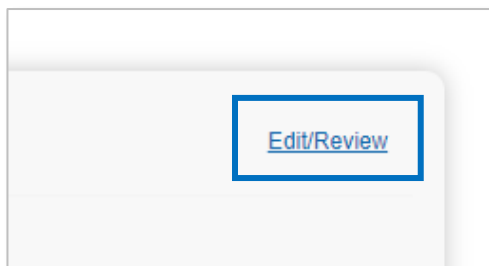
- After you click Submit it will redirect you to a page that looks like this. If you see this page, you have successfully submitted your ERA enrollment.

Account Management

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

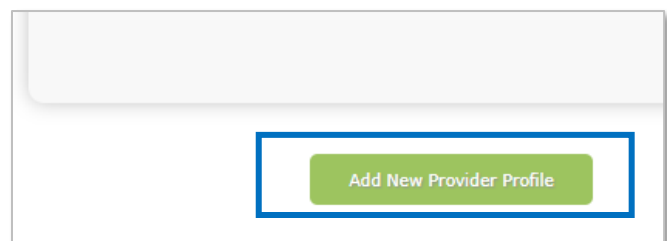


The screenshot shows the 'Account Management' interface. On the left is a sidebar with four buttons: 'Users', 'Reset Password', 'Provider Profiles' (highlighted in blue), and 'Admin Change Request'. The main area is titled 'Provider Profiles' and contains a card for a provider profile with the ID 'Test 11111111'. The card shows 'Current Status: Complete' and has two buttons: 'Show Details' and 'Delete Provider Profile'. An 'Edit/Review' link is in the top right corner of the card. Below the card is a green button labeled 'Add New Provider Profile'.



A close-up of the 'Edit/Review' link from the provider profile card, which is highlighted with a blue rectangular box.

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



A close-up of the 'Add New Provider Profile' button, which is highlighted with a blue rectangular box.

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