

WHICH FORMS SHOULD I COMPLETE?

Must Complete All three steps below:

1. Complete the [Sentara ERA/EFT Authorization Agreement](#)
 - a. As the "Method of Retrieval" Please list: **Clearinghouse**
 - b. As the "Clearinghouse Name" you must list: **PayerPath**
 - c. Bank Letter
 - i. Obtain a letter from your bank on the bank's letterhead, including the physical bank address, account number, routing number, the bank employee's name, title, email, and phone number of the person who has signed the letter. The letter must not be dated more than 90 days prior.
2. Complete the Veradigm Remit Information Sheet (see pg. 2)
3. Complete the Payspan ERA Enrollment Instructions (see pg. 3-4)

WHERE SHOULD I SEND THE FORM(S)?

- Email the *Sentara ERA/EFT Authorization Agreement* and corresponding *Bank Letter* to EFT_ERA_Inquiry@sentara.com
- Email the *Veradigm Remit Information Sheet* to PayerEnrollment@officeally.com

WHAT IS THE TURNAROUND TIME?

- Sentara

HOW DO I CHECK STATUS?

- To check the status of your **Sentara ERA/EFT Authorization Agreement/Bank Letter** please email Sentara at EFT_ERA_inquiry@sentara.com
- Upon submission of the Veradigm Remit information Sheet you will have an automated email return a case number. Please email payerenrollment@officeally.com referencing your original submission's case number for updates.



Remit Information Sheet

* ALL fields of this form must be completed in order to be set up properly for remit.

Veradigm Client ID:	
Organization Name:	
Tax ID:	
NPI Number:	
Address:	
City, State, Zip:	
Contact Name:	
Contact Phone:	
Contact Email:	

Fax completed form to Allscripts Clearinghouse Partner Enrollment @ (919) 800-6875.

WHICH FORMS SHOULD I COMPLETE?

To receive ERAs for this payer, first register with PaySpan. Enrolling with PaySpan will enable you to obtain ERAs from multiple payers through Office Ally. Registration is free, fast, and completed online.

1. Click on the link below or call PaySpan Customer Service to request a Registration Code (You will be issued a Registration Code along with a PIN Number for that code):
 - <https://www.payspanhealth.com/RequestRegCode>
 - Call (877) 331-7154 Option 1
2. When you receive your registration code, go to www.payspanhealth.com
3. Click the “Register Now” button
4. Enter your registration code and click “Submit”
5. Enter your PIN, Tax ID, and NPI and click “Start Registration”
6. Fill out the basic contact and account information and click “Next”
7. Enter an Account Name
8. **IMPORTANT:** Under Enveloping Format you MUST select “Payer Plan ID”
9. Check the Request Paper Remittance box only if you wish to receive paper additionally
10. If you do **not** want Electronic Payments (EFT), remove the check mark in the “Enable Electronic payment” box by clicking on it and then click “Next”
11. If you do want EFT, complete the Financial Institution information and then click “Next”
12. Verify your information, then read the Services Agreement and check the box in agreement, click “Confirm”

If EFT was requested, you will receive a deposit of less than one dollar from PaySpan within a few business days.

1. Access your bank account online to obtain the amount of the test deposit from PaySpan
2. Log into PaySpan
3. Click “Your payments”
4. Click “Account Verification” link on the left side of the screen
5. Enter the amount of the deposit you received in this format: 0.00

Note: The deposit does not need to be returned to PaySpan

ROUTING YOUR ERAS TO OFFICE ALLY AFTER REGISTRATION

1. Select “Your Payments”
2. Under “Manage” click “Accounts”
3. Click the Account Name
4. Click “Mailbox Settings”
5. Click “Create Mailbox”
6. Click “Close”
7. On the Edit Account page, click “Delivery Settings”

8. Select "Office Ally" from the drop down under the 835 Recipient Column
9. Click "Save"
10. Click "Close"
11. Click "Save" on the Edit Account page

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is anywhere between 14-21 days, dependent upon each payer.

HOW DO I CHECK STATUS?

- If you have any questions or want to check the status of your enrollment, call PaySpan at (877) 331-7154, option 1, or email providersupport@payspanhealth.com