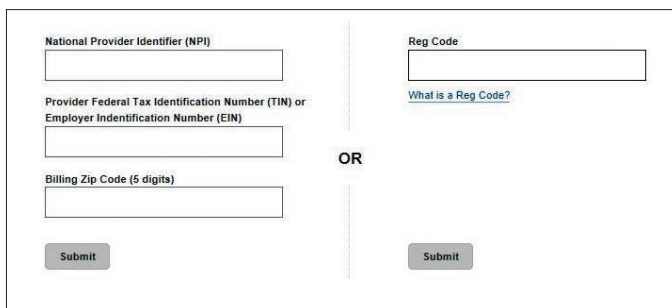


FOLLOW THESE INSTRUCTIONS TO GET STARTED WITH PAYSAN® HEALTH, AN EFT AND ERA WEB BASED SOLUTION:

1 Call 1-877-331-7154 for your unique registration code. Then, visit payspanhealth.com and click **Register**.

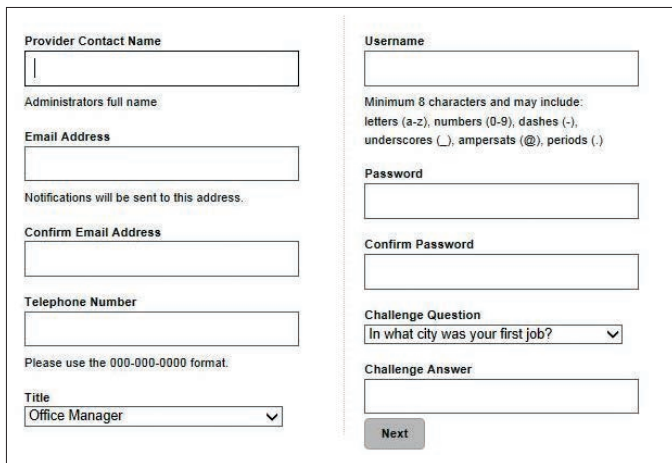
2 Enter your registration code and click **Submit**.

3 Enter your PIN, TIN or EIN, and NPI. Then, click **Start Registration**.



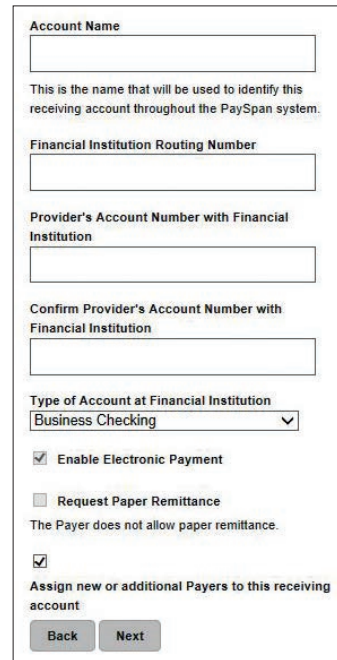
Registration form for step 3. It contains two columns of input fields separated by a vertical line with "OR" in the middle. The left column has: "National Provider Identifier (NPI)", "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)", and "Billing Zip Code (5 digits)". The right column has: "Reg Code" with a link "What is a Reg Code?". Both columns have a "Submit" button at the bottom.

4 Populate the requested Personal Information. Click **Next**.



Registration form for step 4. It is split into two columns. The left column contains: "Provider Contact Name", "Administrators full name", "Email Address" (with note "Notifications will be sent to this address."), "Confirm Email Address", "Telephone Number" (with note "Please use the 000-000-0000 format."), and "Title" (dropdown menu with "Office Manager" selected). The right column contains: "Username" (with note "Minimum 8 characters and may include: letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersats (@), periods (.)"), "Password", "Confirm Password", "Challenge Question" (dropdown menu with "In what city was your first job?" selected), and "Challenge Answer". A "Next" button is at the bottom center.

5 Designate an account for fund transfers by completing the required fields. Click **Next**.



Registration form for step 5. It contains: "Account Name" (text box), "Financial Institution Routing Number" (text box), "Provider's Account Number with Financial Institution" (text box), "Confirm Provider's Account Number with Financial Institution" (text box), "Type of Account at Financial Institution" (dropdown menu with "Business Checking" selected), "Enable Electronic Payment" (checked checkbox), "Request Paper Remittance" (unchecked checkbox), "The Payer does not allow paper remittance." (text), "Assign new or additional Payers to this receiving account" (checked checkbox), and "Back" and "Next" buttons at the bottom.

6 Verify your information and check the box to agree to the service agreement. Then, click **Confirm**.

7 Within a few business days, you will receive a deposit of less than \$1 from PaySpan. Then, follow these steps to complete registration:

- ▶ Contact your financial institution to obtain the amount deposited by PaySpan.
- ▶ Log into PaySpan, and click **Payments**.
- ▶ Click the **Account Verification** link on the left side of the screen.
- ▶ Enter the amount of the deposit in this format: 0.00.

(The deposit does not need to be returned.)

For PaySpan registration assistance, call: **1-877-331-7154**
Email: providersupport@payspanhealth.com

