Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**

- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.

INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: ☐ New Request   ☐ Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: (   )   Fax: (   )   Email:

Group/Provider Name:

Please check for designation: ☐ Professional   ☐ Institutional

Billing Tax ID: Indicate ☐ TIN/EIN ☐ SSN   Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Please type provider information for ease of processing at Inovalon.
- You must register with PaySpan® Health before Inovalon can set up ERA for your practice.
- ERA enrollment will not be accepted by the payer until you have fully completed PaySpan® enrollment.
- If you need assistance, please contact PaySpan® directly. Instructions to register with PaySpan® are listed below:
- Call 877-331-7154 to obtain your unique registration code. **Please note: In order to obtain registration code, the provider must have previously submitted at least 10 claims to the payer they are trying to enroll with and received payment from that payer.**
- Go to **www.payspanhealth.com** and click the Register Now button.
- Enter your Registration Code and click Submit.
- Enter your Registration Code, Tax ID, and Provider ID, and click Start Registration.
- Enter the details about your practice and click the Next button to continue.
- Billing agencies should enter the agency name and tax ID number on this page.
- If the provider has a parent organization, enter the information and Tax ID here.
- Check "Same as Provider" if the other fields are not applicable and click Next to continue.
- Create a username, or just use your email address.
- Create a unique password of at least 8 characters. Passwords must include at least 8 characters, one capital letter, one lower case letter, and a number.
- Select a challenge question, enter your answer, and click the Next button to continue.
- Designate the account you wish to have funds deposited to and click Next to continue.
- Verify your information, check the box to agree to the Services Agreement, and click Confirm.
- If you registered for electronic payments, you will receive a deposit of less than one dollar from PaySpan® within a few business days. Contact your financial institution to obtain the amount, log into PaySpan®, click Your Payments, and click the Account Verification link to activate your account. The deposit does not need to be returned to PaySpan®.

- The following steps are REQUIRED in order to link your ERAs to Inovalon:
- Log in to your PaySpan® account.
- Click Your Payments.
- Click Accounts under the Manage Panel.
- Click the Account Name you wish to create a mailbox for.
- Click Mailbox Settings.
- Click Create Mailbox. After a few seconds, your Mailbox ID will display. You may wish to write down this information.
- Click the Close button.

- Click Delivery Settings.
- Select "**ABILITY Network: CHOICE"** under the 835 Recipient drop-down menu.
- Click Save.
- Click Close.

- **After designating your mailbox recipient and completing the enrollment with PaySpan®, please complete and return the Inovalon Payer Request to the enrollment team.**

- Submit the completed Payer Request Form to the Inovalon enrollment team ONLY AFTER your PaySpan® enrollment has been completed and you have linked your Mailbox Recipient to Inovalon.

- If you are a billing service completing this form on behalf of a provider, complete the top section of this form with the billing service information on file with Inovalon.

- If you do not use a billing service, skip to the middle section of this form.

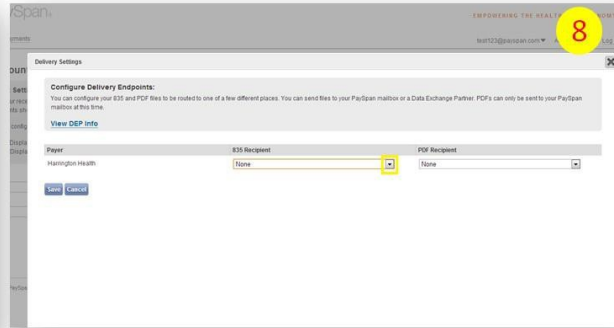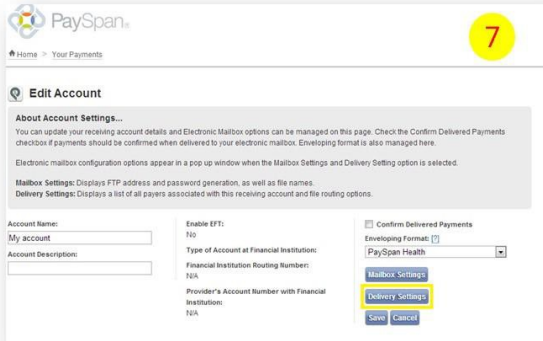Go to www.payspanhealth.com and log in to your PaySpan account.

1. Click on the **Your Payments** icon.
2. Click **Accounts** in the Manage panel
3. Click on the account you wish to create a mailbox for
4. Click **Mailbox Settings**
5. Click **Create Mailbox**
6. The host/FTP name, mailbox username and password will display on screen (only needed if other parties will access your mailbox using FTP software)
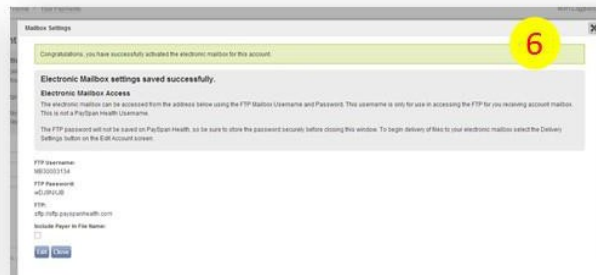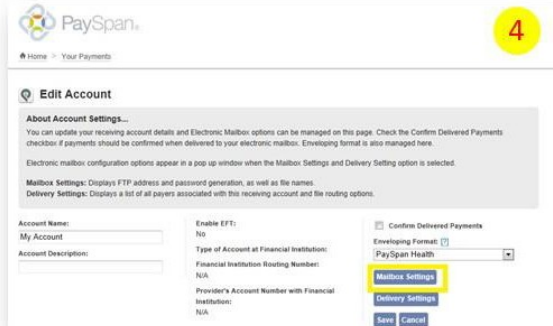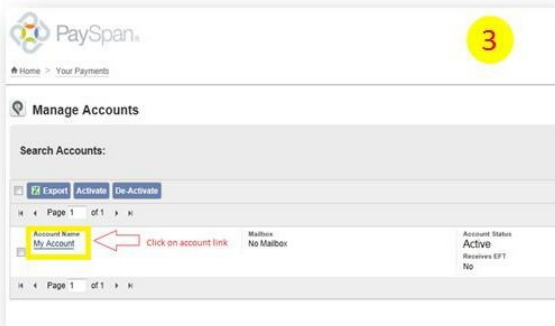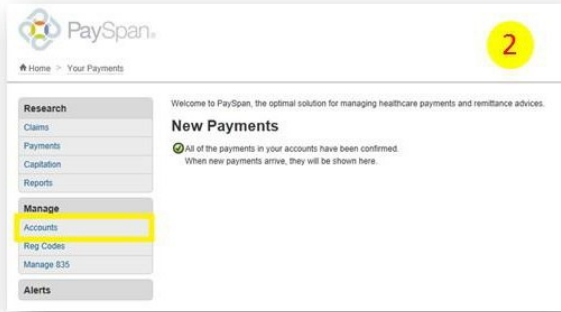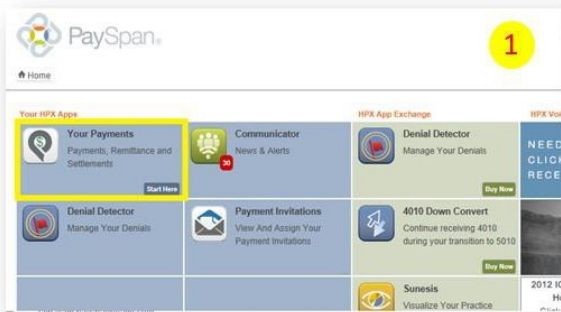
Select a Data Exchange Partner:

7. From the Edit Account page, click Delivery Settings

8. Select a Data Exchange partner from the drop-down menu under **835 Recipient**
   Choose "ABILITY Network: CHOICE"

For assistance:
1-877-331-7154 option 1
providersupport@payspanhealth.com

Our Provider Services Team is available Monday through Friday, 8am to 8pm, Eastern Time.