Online enrollment process for providers:

1. Go to optum.com/EPS and select Enroll Now.

2. Tell us how you heard about us.

Before you begin enrollment

The following enrollment application for Electronic Payments and Statements (EPS) will enroll your Healthcare organization for electronic payments (ACH/direct deposit or Virtual e-card payments).

If you represent a 3rd Party Processing or 3rd Party Billing Company, this enrollment process will register your organization with EPS and provide the right to use the EPS Portal to access the claims and remittance data for your healthcare clients.

If you would like to learn more about the program and its benefits, please visit the Benefits of EPS page before beginning the enrollment process. You may also download the instructions for enrollment using the link below.

Download ACH Enrollment Guide
Download VCP Enrollment Guide
Download Billing Service Enrollment Guide

* To get started, please let us know how you heard about EPS?

- Health plan communication
- Provider Advocate recommendation
- Optum outreach team
- Optum email or communications
- Other
EPS Enrollment guide for Automated Clearing House (ACH)/Direct Deposit

3. Select I am enrolling as a Healthcare Organization.

First, tell us how you would classify your enrollment.
- I am enrolling as a Healthcare Organization.
- I am enrolling my 3rd Party Billing Service Company

Which option should I choose?

4. Next, you will be asked what payment type(s) you would like to enroll in.

I am enrolling as a Healthcare Organization.

Great! Next, how would you like to receive your payments?
- I would like to enroll in direct deposit (ACH) only.
- I would like to enroll in virtual card payments (VCP) only.
- I would like to enroll in ACH and VCP.

Which option should I choose?

CANCEL ENROLLMENT

5. If you click on Which option should I choose?, the following will display.

How to Choose Payment Type

Automated Clearing House (ACH) - This direct deposit option is the quickest form of payment. Provide your banking information on your enrollment and payments will be deposited directly into your bank account.

Virtual Card Payment (VCP) - No banking information is required for this payment option. VCPs are payment card transactions that you process via your point of sale terminal, similar to the way patient co-ops would be processed. VCP transactions are subject to additional terms and conditions, including fees, between you and your card processing company.

The Optum virtual card program uses a reloadable virtual card, rather than single-use cards.

You will receive a reloadable virtual card for each payer that is paying virtually, please retain the virtual card information, including the 16-digit account number, the payment amount, CVC, expiration and some point of sale terminals also require the zip code. Please use the zip code from the mailer.

CANCEL ENROLLMENT
To enroll for ACH/direct deposit only, select the first option.

I am enrolling as a Healthcare Organization.

Great! Next, how would you like to receive your payments?

I would like to enroll in direct deposit (ACH) only.

I would like to enroll in virtual card payments (VCP) only.

I would like to enroll in ACH and VCP.

Which option should I choose?

CANCEL ENROLLMENT

After selecting how to receive your payments, you will then be asked to enter your TIN (Tax Identification Number) or EIN (Employer Identification Number) and complete the Captcha image field.

Please enter your 9 digit Organizational Tax Identification (TIN):

Enter TIN or EIN:

I'm not a robot

CANCEL ENROLLMENT

CONTINUE
Upon selecting Continue, you will be given a message that your TIN is eligible and to continue the enrollment process.

**Congratulations, your TIN is eligible for enrollment!**

Please be advised that in order to complete the online enrollment process, you will need to provide the following:

- ✓ Organization name, mailing information, and National Provider Identifier (NPI)
- ✓ Contact information, including the name, telephone number, and e-mail address for two members of your organization who will serve as administrators for your account.
  - Administrators are able to control user access to the account and update bank account info.
  - The primary contact should be an individual responsible for daily and routine matters.
  - The secondary contact should be a director of Accounting, Human Resources or the Finance Department.
- ✓ Banking information (if setting up ACH direct deposit)
Once you select Continue, you can begin to enter Organization Information. You will need to enter the following information:

- Business Name
- Business Address (No P.O. Box)
- National Provider Identifier (NPI) (Not required)

**Provider Type**

**Market Type**

**Please note:** Special characters are not allowed in the name and address fields. Refrain from using characters such as: & , / : ( ) % < > ‘ ’ | - +

### Organization Information

Please enter your business name, address, type and NPI (if you have one). All fields marked with an asterisk (*) are required. Avoid using special characters such as: & # , * % [ ]

**Business Name**

Enter the name exactly as it appears on your tax ID documentation. Avoid using your organization DUNS if you have one.

**Business Address**

To help ensure the security of your account, you must enter a physical address for your organization. PO Boxes are not allowed and cannot be used as your address of record. If you do attempt to use a PO Box your enrollment may be delayed and may not be accepted.

- *Street*
- *City*
- *State/Province*
- *Zip/Postal Code*

**Select State**: 

**Please select your Market Type**

- Behavioral Health
- Cardiac
- Dental
- General
- Medical
- Other
- Text
- Test
- Text567
- Vision
Hit Continue and go to Identify Administrators page. You will need to enter the following contact information:

- First and Last Name for Primary and Secondary Administrators
- Telephone Number
- Mobile Phone Number (Not Required) if entered, you can opt to receive text alerts
- Email Address (must be unique to each user)
- Confirmation of Email Address

Identify Administrators

Please identify at least one member of your organization who will serve as administrator on the account.

Account administrators may:
- Add or edit user access
- Update payment preferences
- Manage other account settings for your organization

If you have additional members of your organization who need basic access to only view payment information, they can be added as a General Access user by an Administrator using the Manage Users tab of the EPS portal.

All fields marked with an asterisk (*) are required.

Primary Administrator Information

The primary administrator should be an individual responsible for daily and routine matters.

*First Name

*Last Name

Telephone Number

Mobile Phone Number

*Email Address

*Re-type Email Address

Secondary Administrator Information

The secondary administrator should be the director of the Accounting, Human Resources or Finance Department. (e.g. Director of Accounting, HR Director, VP of Finance & Billing, etc.)

*First Name

*Last Name

Telephone Number

Mobile Phone Number

*Email Address

*Re-type Email Address

We will use this email address to notify the administrator when new payments are posted to the account.

To help support the security of your account, please use a unique business issued email address for enrollment and account access.

CLEAR ADMINISTRATOR INFORMATION

CANCEL ENROLLMENT  BACK  CONTINUE

Continued
If you are enrolling a new TIN and wish to associate an existing user to that TIN during the online enrollment process, a Confirm Existing User page will display. The current user information and TIN association(s) will display. You will need to click Yes to validate that the correct individual is being associated with the new TIN.

Note: The database does not allow for multiple users to share the same email address. This only allows the current individual to add new TINs to an existing user during or after enrollment.
Financial Institution Information: This is where you provide banking information. You may also submit a separate bank account for the NPI level at this time. You must provide the following information:

- Financial Institution/Bank Name
- Financial Institution Address
- Financial Institution Telephone Number
- Financial Institution Routing Number
- Provider's Account Number with Financial Institution
- Type of Account at Financial Institution

Please note: Special characters are not allowed in the name and address fields. Refrain from using the following characters: & , . / : @ # ( ) % , < ^* ; > " ' | - +. If you would like to establish an NPI Bank Account, you will also need to fill out this same information at the NPI level.
If you click on **Where can I find a financial institution’s routing number?**, the following will display:

**Where to Find Financial Institutions’s Routing Number**

Your Routing Transit Number (RTN) is a 9-digit number that identifies the financial institution where the account is located. The RTN is usually located in the bottom, lower left hand corner of your check and usually precedes your account number. It is strongly recommended that you confirm the appropriate RTN and account number with your financial institution. Incorrect entries will delay your payments. Please note that the Routing Transit Numbers cannot be sourced from a deposit slip.

To add NPI bank account information, select the Yes option.
Select Payment Methods: If you selected to enroll in both ACH and VCP at the beginning of the enrollment process, you can select payment method for any payers who currently offer both ACH and VCP payments. Please note that any payers who do not offer VCP at the time of enrollment will be greyed out. Only those who offer VCP at the time of enrollment will have an active drop-down menu for you to select either ACH or VCP.

Note: You must enroll for all payers at the time of enrollment.

Select Payment Methods

Electronic Payments and Statements (EPS) enables you to choose the payment option that's right for your practice, with the flexibility to choose between two types of electronic payments: Automated Clearing House (ACH) (also known as direct deposits) and Virtual Card Payments. Please note, not all payers will offer Virtual Card Payments (VCP).

ACH payments are deposited directly to your bank account. Virtual Card Payments are payment card transactions that you process via your point of sale terminal, similar to the way patient co-pays would be processed. If you elect to receive payments via VCP, you agree to the terms and conditions.

By default, the payment option for each Payer is currently set to ACH. For Payers whom you wish to receive a Virtual Card Payment, please change the Payment Method to VCP.

Which payment option should I choose?

<table>
<thead>
<tr>
<th>Payer Name</th>
<th>Payment Method</th>
<th>Payer Name</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP UnitedHealthcare Inc Co</td>
<td>ACH 1</td>
<td>Pinellas Anesthesia</td>
<td>ACH 1</td>
</tr>
<tr>
<td>Dental Benefit Providers</td>
<td>ACH 1</td>
<td>Spectra EyeCare Networks</td>
<td>ACH 1</td>
</tr>
<tr>
<td>ECHO</td>
<td>ACH 1</td>
<td>TKESS WEST</td>
<td>ACH 1</td>
</tr>
<tr>
<td>Equitable Life and Casualty Inc Co</td>
<td>ACH 1</td>
<td>UHC Community Plan Michigan</td>
<td>ACH 1</td>
</tr>
<tr>
<td>Equitable National Life</td>
<td>ACH 1</td>
<td>UHC Community Plan New Jersey</td>
<td>ACH 1</td>
</tr>
<tr>
<td>Erie Insurance Group</td>
<td>ACH 1</td>
<td>UHC Community Plan of AZ</td>
<td>ACH 1</td>
</tr>
<tr>
<td>Golden Rule</td>
<td>ACH 1</td>
<td>UHC Community Plan of DC/DBH</td>
<td>ACH 1</td>
</tr>
</tbody>
</table>

Upload W9: You will now need to upload a signed and dated W9. Acceptable file formats to upload are: pdf, jpg, gif or png. If you do not have a current W9, they may download a blank W9 by clicking the Access W9 Form link.

Upload W9

A copy of your W9 is required to complete your enrollment for this TIN. Please upload your W9 now. Acceptable file formats include: PDF, JPEG, GIF and PNG.

Note: If your Organization does not currently have a W9 you may access the Federal W9 form here. All fields marked with an asterisk (*) are required.

Business Name:
Optum
Business TIN or EIN:
852656123

*Upload W9 (Must be filled out, signed, and dated. File size cannot exceed 2MBs)

Choose file: No file chosen

CANCEL ENROLLMENT  BACK  CONTINUE
# Review and Submit

Review and Submit: Review your entered enrollment information before you submit. If you need to revise any data, select the Edit option next to the area you need to update.

You are required to accept the Terms and Conditions and enter the Authorized Enroller’s Information. You must provide the following:

- First Name
- Last Name
- Title
- Telephone Number
- Email Address
- Re-type Email Address

## Organization Information

<table>
<thead>
<tr>
<th>TIN or EIN</th>
<th>National Provider Identifier</th>
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<tbody>
<tr>
<td>8524565123</td>
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</table>

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Provider Type</th>
</tr>
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<tbody>
<tr>
<td>Optum</td>
<td>Test1234</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
</tr>
</thead>
</table>
| 11000 Optum Circle
| Eden Prairie, MN 53344 |

<table>
<thead>
<tr>
<th>Market Type</th>
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</thead>
<tbody>
<tr>
<td>Test067</td>
</tr>
</tbody>
</table>

## Identify Administrators

<table>
<thead>
<tr>
<th>Primary Administrator Contact</th>
<th>Secondary Administrator Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Thomas</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Primary Administrator Telephone</th>
<th>Secondary Administrator Telephone</th>
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<tbody>
<tr>
<td>992-203-4212</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Administrator Mobile Phone</th>
<th>Secondary Administrator Mobile Phone</th>
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<tbody>
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<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Primary Administrator Email Address</th>
<th>Secondary Administrator Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:firstname.lastname@gmail.com">firstname.lastname@gmail.com</a></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><a href="mailto:Firstname.lastname2@gmail.com">Firstname.lastname2@gmail.com</a></th>
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## TIN Financial Information

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Provider's Account Number at Financial Institution</th>
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<tbody>
<tr>
<td>8524565123</td>
<td>091000019</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Account at Financial Institution</th>
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<tbody>
<tr>
<td>Checking</td>
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</table>

<table>
<thead>
<tr>
<th>Uploaded Voided Check</th>
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<tbody>
<tr>
<td>VoidedCheck.jpg</td>
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</table>

## Terms and Conditions

The undersigned hereby certifies that the information provided herein is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate corporate action, where applicable, to execute this agreement on behalf of the above mentioned Organization Name to form a legally binding contract and understands that acceptance of this agreement constitutes an agreement to be bound to perform in strict conformity with the terms and conditions of this agreement. Optum reserves the right to request additional information to help ensure the security of your account.

- [ ] I accept these terms and conditions.

## Authorized Enroller's Information

The enrollment form MUST be completed and signed by an authorized healthcare individual from your organization. Practitioner (MD, DO, DC, DDS, PhD), etc., Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc).

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Telephone Number</th>
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</tbody>
</table>
After hitting Submit, you will get a message that your enrollment has been successfully submitted. You can print a copy of your online enrollment, if you choose.

**Enrollment Submitted**

*Thank you!*

You have successfully submitted the enrollment application for EPS.

Standard processing time for all enrollment applications is five (5) business days.

Please print or save a copy of your enrollment information for your records. You will not be able to return to this page.

- Print Completed Enrollment Form

**Next Steps**

1. If you selected the ACHDirect deposit payment option, please contact your bank and request delivery of the ‘ACH Addendum Record’ for payments from Optum Bank. What is the ACH Addendum Record for?
2. Once we have approved your enrollment application, both account administrators will receive an email with an EPS security PIN and instructions for how to setup your online account.
3. Using the link in the email, sign in or register for an Optum ID. Once signed in, enter your security PIN and Tax ID to complete account setup and start accessing your payment information.

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**Set up user access to the portal:** After the enrollment application is processed (5–8 business days), the Administrators established during enrollment will receive an email containing registration and activation instructions for the EPS Provider Portal. Please follow the directions in the email to complete the portal access activation and associate your Optum ID with your EPS PIN.