

## Electronic Funds Transfer Registration

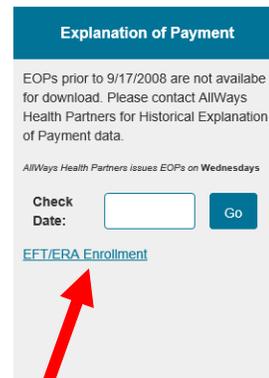
We've partnered with Change Healthcare to offer network providers payments through electronic funds transfer (EFT). Register online today. For questions and registration support, contact Change Healthcare at 877-389-1160 or [WCO.Provider.Registration@changehealthcare.com](mailto:WCO.Provider.Registration@changehealthcare.com).

### Step 1:

On the AllWays Health Partners Provider Portal, you can access the EFT/ERA registration link via the “E-Business” tab or the “Explanation of Payment” box on the homepage.



*Under the E-Business tab*



*In the Explanation of Payment box*

### Step 2:

Select the **Electronic Funds Transfer** box and click **Next**. You will be redirected to Change Healthcare's ProviderNet for EFT registration.

*Note: You can also sign up to receive Electronic Remittance Advice (835) by checking off the corresponding box. If you check off both boxes, you will be directed to the Electronic Remittance Advice registration page first before being redirected to Change Healthcare's ProviderNet.*

Selection	Provider Information	Provider Contact Information	ERA Clearinghouse Information
I would like to enroll in:			
(Please check both boxes to enroll in both)			
<input checked="" type="checkbox"/>	<b>Electronic Remittance Advice (835)</b>		
<input checked="" type="checkbox"/>	<b>Electronic Funds Transfer (EFT)</b>		
By selecting this check box you will be directed to Change Healthcare ProviderNet. You will be prompted to register with Change Healthcare ProviderNet to setup EFT with AllWays Health Partners. Change Healthcare ProviderNet is one of our trusted business partners who will work with you to complete the EFT registration process.			
<input type="button" value="Next"/>			

## Step 3:

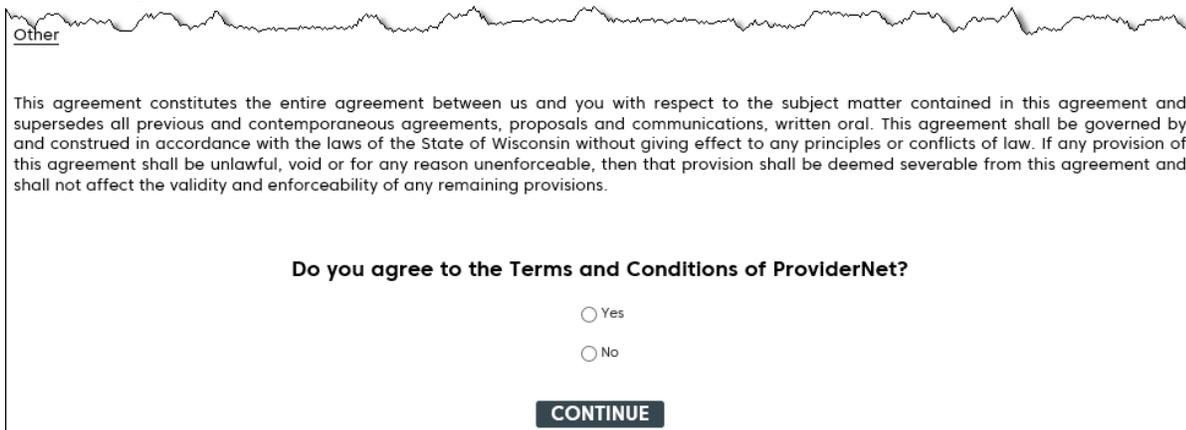
In Change Healthcare's ProviderNet, click on the **Register** button



The screenshot shows a 'Sign In' form with two input fields: 'E-mail' and 'Password'. Below the fields are two buttons: 'CONNECT' and 'REGISTER'. A red arrow points to the 'REGISTER' button. At the bottom of the form is a link that says 'Forget your password?'.

## Step 4:

Read and agree to the terms and conditions of ProviderNet.

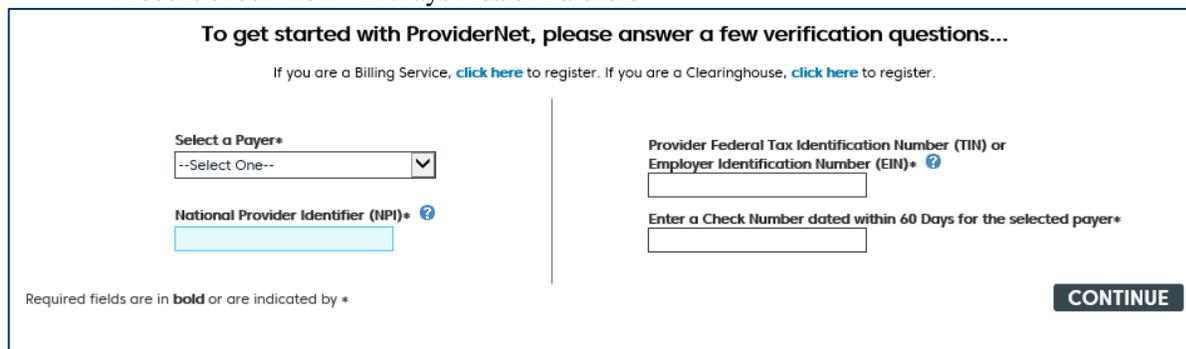


The screenshot shows a page with a torn paper effect at the top. It contains the text: 'Other', 'This agreement constitutes the entire agreement between us and you with respect to the subject matter contained in this agreement and supersedes all previous and contemporaneous agreements, proposals and communications, written oral. This agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin without giving effect to any principles or conflicts of law. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.' Below this text is the question 'Do you agree to the Terms and Conditions of ProviderNet?' with two radio button options: 'Yes' and 'No'. At the bottom is a 'CONTINUE' button.

## Step 5:

Register for ProviderNet. You will need the following:

- Your organization's NPI and Federal Tax ID
- Your organization's bank/financial institution's routing and account numbers
- A recent check from AllWays Health Partners



The screenshot shows a registration form titled 'To get started with ProviderNet, please answer a few verification questions...'. It includes instructions: 'If you are a Billing Service, [click here](#) to register. If you are a Clearinghouse, [click here](#) to register.' The form has four main fields: 'Select a Payer\*' (a dropdown menu), 'National Provider Identifier (NPI)\*' (with a question mark icon), 'Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)\*' (with a question mark icon), and 'Enter a Check Number dated within 60 Days for the selected payer\*'. At the bottom left, it says 'Required fields are in bold or are indicated by \*'. At the bottom right is a 'CONTINUE' button.

**You will need to complete, sign and fax the provided authorization form to Change Healthcare. A voided check from AllWays Health Partners must be included to complete registration.**

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.

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