

First-time Users

Register / Create a New Account Page

Mini-Guide

First-time users will need to register. Once you have successfully registered, you will be able to log in on the main page. Unless otherwise indicated, all information is **required**.

After accessing the link, <https://www.ProviderPayments.com>, the screen shown in Figure 1 will appear. To register, click on the “Create New Account” button.

The screenshot shows the ECHO Health login page. At the top is the ECHO logo with the tagline 'payments simplified'. Below the logo is a 'Log In' section with the instruction 'Please enter your username and password to log in.' and the heading 'ACCOUNT INFORMATION'. There are two input fields: 'Username:' and 'Password:'. Below the password field is a 'Log In' button and a 'Create New Account' button. Underneath these buttons are logos for partner organizations: CHANGE HEALTHCARE, Elavon, JOPARI SOLUTIONS, INC., PNC HEALTHCARE, and MultiPlan. Below the logos is a link: 'Can't access your account? [Click Here](#)'. Further down is a link: 'Confirm your ACH Deposit (Ping) by [clicking here](#).' At the bottom of the main content area is a disclaimer: 'If you are not the owner or an employee of this Tax ID, this portal is not intended for your use and your access may be terminated immediately without your consent. Fraudulent use of this website will lead to prosecution.' The footer contains contact information: 'Phone: 800.895.0621', '810 Sharon Drive, Westlake, Ohio 44145', and the ECHO logo.

Figure 1

Clicking this button opens the screen shown in Figure 2 (on the next page). When filling in the form, be sure to follow the instructions appearing to the right of the fill-in boxes.

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Create a New Account

ACCOUNT INFORMATION

Username:

Choose a username that is at least four (4) characters long; you may use numbers and/or letters.

First Name:

Last Name:

Phone Number:

Email:

An email address is needed so that your password can be emailed to you if you ever forget it.

Password:

Confirm Password:

Choose a **Username** that is **at least four (4)** characters long; you may use numbers and/or letters.

Enter 10-digit **Phone Number** (no hyphens or spaces)

An **Email** address is required for registration. To complete registration, your email address will be validated.

- » Password must be *at least* 16 characters.
- » Password must have *at least* one upper-case letter.
- » Password must *at least* one lower-case letter.
- » Password must have *at least* one numeric character.
- » Password must have *at least* one special character (such as !, @, #, \$, %, ^, &). Note: *Cannot* use asterisk (*).
- » Password *cannot* contain more than 3 consecutive characters from your username.
- » Passwords expire every 120 days.

Figure 2

Figure 2 continued next page

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Figure 2 continued from previous page

The screenshot shows the registration form with the following fields and annotations:

- Affiliation with Tax ID:** A dropdown menu with options: Other, Select, Clearinghouse, Billing Company, TIN Employee, TIN Owner, and Other (highlighted). Annotation: "Select your **Affiliation with Tax ID** and fill out all required fields based on your selection."
- TIN Contact Email:** Text input field containing "person@email.com".
- TIN Contact Phone Number:** Text input field containing "5555551212". Annotation: "Enter 10-digit **TIN Contact Phone Number** – no hyphens or spaces."
- Tax Identification Number (TIN):** Text input field containing "000000000". Annotation: "Enter 9-digit **Tax Identification Number (TIN)** – no hyphens or spaces."
- Verification:** Radio buttons for "Draft Number Verification" (selected) and "I do not have a Draft Number".
- Draft Number:** Text input field containing "2000000000". Annotation: "An ECHO **Draft Number** can be found on any ECHO payment. It is a 9 or 10-digit number, starting with a 1, 2 or 3. It is listed as an EPC Draft Number, the Check number or a Trans Nbr on your Explanation of Payment. Enter the **Draft Number** (no spaces)."
- Draft Amount:** Text input field containing "100.00". Annotation: "Enter the full payment amount that corresponds with the **Draft Number** you have referenced. **Do not** enter a dollar sign (\$) or comma (,), but **do** include the decimal point (.)."

Buttons: Register, Cancel

Need additional help? [Click here](#)

Figure 2

Figure 2 continued next page

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Figure 2 continued from previous page

The screenshot shows the ECHO registration form. At the top, the ECHO logo and tagline 'payments simplified' are displayed. Below the logo, there are two radio button options: 'Draft Number Verification' (unselected) and 'I do not have a Draft Number' (selected). Under the 'I do not have a Draft Number' option, there are two input fields. The first is labeled 'Payor Check No' and has a placeholder character '|'. Below it is a note: 'Your Payor check number should be entered without any spaces.' The second input field is labeled 'Patient Account No' and also has a placeholder character '|'. Below it is a note: 'Your Patient Account Number should be entered without any spaces.' At the bottom of the form are two buttons: 'Register' and 'Cancel'. Below the buttons is a link: 'Need additional help? [Click here](#)'.

If you do not have an ECHO **Draft Number**, you may register using a patient account number (**Patient Account No**) corresponding with a payor check number (**Payor Check No**).

Figure 2

Fill in all data boxes or choose your selection from the dropdown shown. When done, click the **“Register”** button to complete your registration. If you do not wish to complete your registration, click on the **“Cancel”** button. Once you have completed your registration, a confirmation email will be sent to you. You must verify your account via the confirmation email in order to activate your account.

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Once you are registered, access the link, <https://www.ProviderPayments.com>. The screen shown below will appear. Log in with the **Username** and **Password** you created.

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Log In

Please enter your username and password to log in.

ACCOUNT INFORMATION

Username:

Password:

[Log In](#) [Create New Account](#)

CHANGE HEALTHCARE **Elavon.** **JOPARI SOLUTIONS, INC.** **PNC HEALTHCARE** **MultiPlan.**

[Can't access your account? Click Here](#)

Confirm your ACH Deposit (Ping) by [clicking here](#).

If you are not the owner or an employee of this Tax ID, this portal is not intended for your use and your access may be terminated immediately without your consent. Fraudulent use of this website will lead to prosecution.

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After you are logged in, ensure that pop-up blockers are disabled so that EPPs and Settlement images will open properly.

Contact ECHO Health, Inc. with any questions at 800.895.0621.