

# ECHO HEALTH PROVIDER PORTAL

## [www.providerpayments.com](http://www.providerpayments.com)

First time users will need to follow the link to the registration page and fill out the registration form:

### Account Information

Username:

E-mail:

Password:

Confirm Password:

TIN:

Draft Number:

Draft Amount:

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

An e-mail address is needed so that your password can be e-mailed to you if you ever forget it.

Choose a password that is at least eight (8) characters long, you must include at least one number (1,2,3) and one special character (!,@,#) and may use either upper- or lowercase letters. Your password will be case-sensitive.

Your 9-digit Tax Identification Number (TIN) should be entered without any spaces or dashes (-).

Echo Draft Numbers are nine digits long and contain no spaces or letters.

The Draft Amount should be entered without a dollar sign (\$).

Once you have successfully registered, you will be able to log in on the main page.

### Account Information

Username:

Password:

[Forgot Password](#)

When you have logged in, you will see the Inquiry page, which lists the twelve most recent payment documents that have been delivered via ECHO. You can also page back, allowing you to review up to 48 of the most recent documents.

	Production Date of Document	Document ID	Payee	Payment Amount	Image of Document	Settlement
[+]	04/25/2012	Nonpayment RA	DEMO	\$0.00	<a href="#">EPP</a>	N/A
[+]	<b>04/25/2012</b>	<b>999999999</b>	<b>DEMO</b>	<b>\$652.25</b>	<a href="#">EPP</a>	<a href="#">04/30/2012</a>
[+]	04/25/2012	999999999	DEMO	\$610.14	<a href="#">EPP</a>	N/A
[+]	<b>04/25/2012</b>	<b>111111111</b>	<b>DEMO</b>	<b>\$25.78</b>	<a href="#">EPP</a>	<a href="#">Not Cleared</a>
[+]	04/25/2012	Nonpayment RA	DEMO	\$0.00	<a href="#">EPP</a>	N/A
[+]	<b>04/25/2012</b>	<b>111111111</b>	<b>DEMO</b>	<b>\$1,029.50</b>	<a href="#">EPP</a>	<a href="#">Not Cleared</a>
[+]	04/25/2012	999999999	DEMO	\$36.52	<a href="#">EPP</a>	N/A
[+]	<b>04/25/2012</b>	<b>111111111</b>	<b>DEMO</b>	<b>\$57.00</b>	<a href="#">EPP</a>	<a href="#">Not Cleared</a>
[+]	04/24/2012	Nonpayment RA	DEMO	\$0.00	<a href="#">EPP</a>	N/A
[+]	<b>04/20/2012</b>	<b>999999999</b>	<b>DEMO</b>	<b>\$65.71</b>	<a href="#">EPP</a>	<a href="#">04/25/2012</a>
[+]	04/20/2012	Nonpayment RA	DEMO	\$0.00	<a href="#">EPP</a>	N/A
[+]	<b>04/20/2012</b>	<b>999999999</b>	<b>DEMO</b>	<b>\$196.41</b>	<a href="#">EPP</a>	<a href="#">04/25/2012</a>

1 2 3 4

A printable PDF copy of the remittance can be brought up by clicking on the “EPP” link, and the settlement status (including an image of the cleared check for payments issued on paper) can be accessed via the links in the “Settlement” column.

## To search for a specific payment or claim:

Choose the “Advanced Search” option at the top of the page.

The drop-menu in the advanced search type allows the user to select their search criteria:

1. Patient Account Number
2. Certificate Number (the patient’s insurance card number or SSN)
3. Claim number
4. ECHO Draft number (this is either the check number or the EFT number)
5. Payor Check Number (the check number assigned by the TPA’s adjudication system)
6. Deposit Amount (the total amount of the bulk check or electronic funds transfer)
7. Cashless Amount (for domestic claims)
8. Optum ID (for those payments sent via Optum).

## Users who post payments issued to multiple Tax ID numbers:

You can update your username and password to provide access to multiple Tax ID numbers by choosing the "Add Additional TINs" option at the top of the page.

### ADD A NEW TIN

Use the form below to add a new TIN to your account.

**Account Information**

TIN:

Draft Number:

Draft Amount:

As when you registered originally, you will be prompted to complete a registration form:

The 9-digit Tax Identification Number (TIN) you are seeking to add should be entered without any spaces or dashes (-).

You should use the ECHO Draft Number and Draft amount for a payment that was issued to the TIN you are registering.

Once you have successfully added an additional TIN, the inquiry page (first page) will show the most recent claims across all of the Tax ID numbers registered to your username. The advanced search options will also search across all of the TINs for which you are registered.

Electronic Payment Clearinghouse  
 CoreSource  
 PO Box 2920  
 Clinton, IA 52733-2920

HUNTINGTON NATIONAL BANK 56-1512  
 Westerville OH 43081 441  
 Electronic Payment Clearinghouse  
 Echo Health, Inc.

DRAFT NO. [ ]  
 DRAFT DATE 08/06/2013



PAYABLE  
 THROUGH  
 DRAFT

Seven Hundred Fifty & 00/100 DOLLARS

**VOID**

AMOUNT  
 \*\*\*\*\*\$750.00

VOID AFTER 180 DAYS

TO THE  
 ORDER OF

**NON-NEGOTIABLE**

⑈XXXXXXXXXXXXXXXXXXXX ⑈ ⑆⑆XXXXXXXXXXXXXXXXXXXX ⑆⑆ ⑈⑆XXXXXXXXXXXXXXXXXXXX ⑈⑆

Your name, \_\_\_\_\_, and Tax ID have been verified by the IRS

Payment Questions? Please refer to the customer service numbers below

Tax ID: XXXXXXXXXX EPC Draft #: XXXXXXXXXX Payment Week: 31 Payment Date: 08/06/2013 Page 1 of 1

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
05/02/13	99213		250 00	0 00	0 00	0 00	250 00	0 00	Deductible Applied
05/02/13	HRAADJ		0 00	0 00	0 00	0 00	(250 00)	250 00	
<b>Total:</b>			250 00	0 00	0 00	0 00	0 00	250 00	



Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
05/02/13	45562		500 00	0 00	0 00	0 00	500 00	0 00	Deductible Applied
05/02/13	HRAADJ		0 00	0 00	0 00	0 00	(500 00)	500 00	
<b>Total:</b>			500 00	0 00	0 00	0 00	0 00	500 00	

Statement Summary		Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By		750 00	0 00	0 00	0 00	0 00	750 00	See Individual Claim
<b>Statement Totals</b>		<b>750 00</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>750 00</b>	



Payment Questions? Please refer to the customer service numbers below

Your name, \_\_\_\_\_ and Tax ID have been verified by the IRS

Tax ID: xxxxxxxx      EPC Draft #: x      Payment Week: 0      Payment Date: 08/06/2013      Page 1 of 1



Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx      Patient Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx      Group/Check Number: xxxxxxxxxxxxxxxx Network: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx      Member Number: xxxxxxxxxxxxxxxxxxxxxxxx      Customer Service #: xxxxxxxxxxxxxxxx Patient Acct #: xxxxxxxxxxxxxxxxxxxxxxxx      Claim Number: xxxxxxxxxxxxxxxxxxxxxxxx      Administered By: CoreSource									
06/02/13	99242		250 00	0 00	0 00	0 00	250 00	0 00	Deductible Applied
06/02/13	HRAADJ		0 00	0 00	0 00	0 00	0 00	0 00	
<b>Total:</b>			250 00	0 00	0 00	0 00	250 00	0 00	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By CoreSource	250 00	0 00	0 00	0 00	250 00	0 00	See Individual Claim
<b>Statement Totals</b>	<b>250 00</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>	<b>250 00</b>	<b>0 00</b>	

Electronic Payment Clearinghouse  
 CoreSource  
 PO Box 2920  
 Clinton, IA 52733-2920

HUNTINGTON NATIONAL BANK 56-1512  
 Westerville OH 43081 441  
 Electronic Payment Clearinghouse  
 Echo Health, Inc.

DRAFT NO. [ ]  
 DRAFT DATE 08/06/2013



PAYABLE  
 THROUGH  
 DRAFT

One Thousand & Four Hundred & 00 / 100 DOLLARS

**VOID**

AMOUNT  
 \*\*\*\*\*\$1,400.00

VOID AFTER 180 DAYS

TO THE  
 ORDER OF

**NON-NEGOTIABLE**

⑈ ⑆XXXXXXXXXXXXXXXXX ⑈ ⑆⑆XXXXXXXXXXXXXXXXX ⑆⑆ ⑈ ⑆⑆XXXXXXXXXXXXXXXXXXXXXXXXX ⑈

Payment Questions? Please refer to the customer service numbers below

Your name, \_\_\_\_\_, and Tax ID have been verified by the IRS

Tax ID: xxxxxxxx EPC Draft #: xxxxxxxx Payment Week: 31 Payment Date: 08/06/2013 Page 1 of 1



Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider: xxxxxxxxxxxxxxxxxxxxxxxxxxxx			Patient Name: xxxxxxxxxxxxxxxxxxxxxxxx			Group/Check Number: xxxxxxxxxxxxxxxxxxxxxx			
Network: xxxxxxxxxxxxxxxxxxxxxxxxxxxx			Member Number: xxxxxxxxxxxxxxxxxxxxxx			Customer Service #: xxxxxxxxxxxxxxxxxxxxxx			
Patient Acct #: xxxxxxxxxxxxxxxxxxxxxx			Claim Number: xxxxxxxxxxxxxxxxxxxxxx			Administered By: CoreSource			
06/05/13	450	014	3,000.00	0.00	0.00	0.00	1,600.00	1,400.00	deductible Applied
<b>Total:</b>			3,000.00	0.00	0.00	0.00	1,600.00	1,400.00	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By CoreSource	3,000.00	0.00	0.00	0.00	1,600.00	1,400.00	See Individual Claim
<b>Statement Totals</b>	<b>3,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,600.00</b>	<b>1,400.00</b>	

**Explanations**

Administered by	Code	Description
CoreSource	014	DEDUCTIBLE REACHED



Your name, \_\_\_\_\_, and Tax ID have  
 been verified by the IRS

Payment Questions? Please refer to the  
 customer service numbers below

Tax ID: xxxxxxxx      EPC Draft #: x      Payment Week: 0      Payment Date: 08/06/2013      Page 1 of 1



Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Messages
Provider: xxxxxxxx			Patient Name: xxxxxxxxxxxxxxxxxxxx			Group/Check Number: xxxxxxxxxxxxxxxx			
Network: xxxxxxxxxxxxxxxx			Member Number: xxxxxxxxxxxxxxxx			Customer Service #: xxxxxxxxxxxxxxxx			
Patient Acct #: xxxxxxxxxxxxxxxx			Claim Number: xxxxxxxxxxxxxxxx			Administered By: CoreSource			
06/10/13	88142		100 00	0 00	0 00	0 00	100 00	0 00	Deductible Applied
<b>Total:</b>			100 00	0 00	0 00	0 00	100 00	0 00	

Statement Summary	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By							
CoreSource	100 00	0 00	0 00	0 00	100 00	0 00	See Individual Claim
<b>Statement Totals</b>	<b>Billed Amount</b>	<b>Discount Amount</b>	<b>Other Plan Payment</b>	<b>Other Adjustment</b>	<b>Patient Obligation</b>	<b>Net Payment Amount</b>	
	100 00	0 00	0 00	0 00	100 00	0 00	