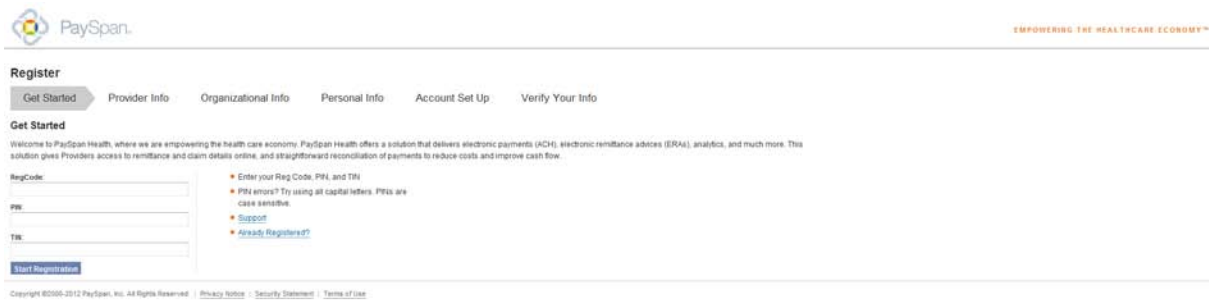


How to Register for PaySpan® Health

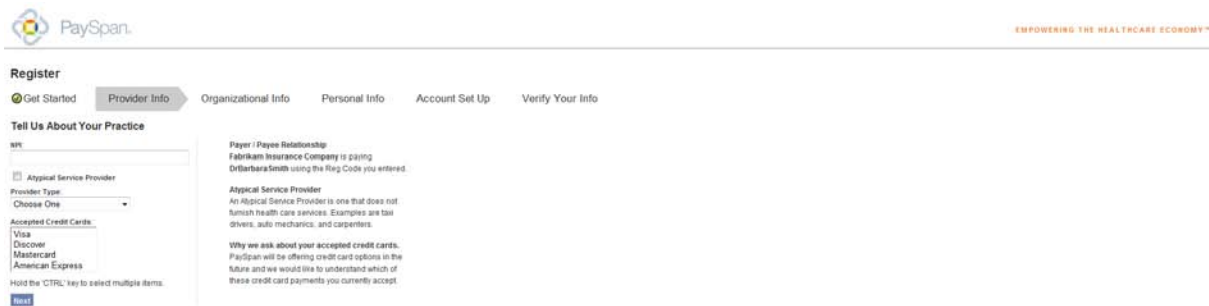
- Call 1-877-331-7154 for your unique registration code.
- Go to www.payspanhealth.com and click the **Register Now** button.
- Enter your Registration Code, Provider ID Number (PIN) and Tax ID Number (TIN) in the boxes provided. Click the **Start Registration** button to begin the registration process.



The screenshot shows the 'Register' page with the 'Get Started' step selected. The 'Get Started' section includes a welcome message and a 'RegCode' field. Below it are fields for 'PIN' and 'TIN'. A 'Start Registration' button is at the bottom. To the right, there are instructions: 'Enter your Reg Code, PIN, and TIN', 'PIN must be 7 to using all capital letters. PINs are case sensitive.', and links for 'Support' and 'Already Registered?'. The footer contains copyright information for 2012 PaySpan, Inc.

Tell Us About Your Practice

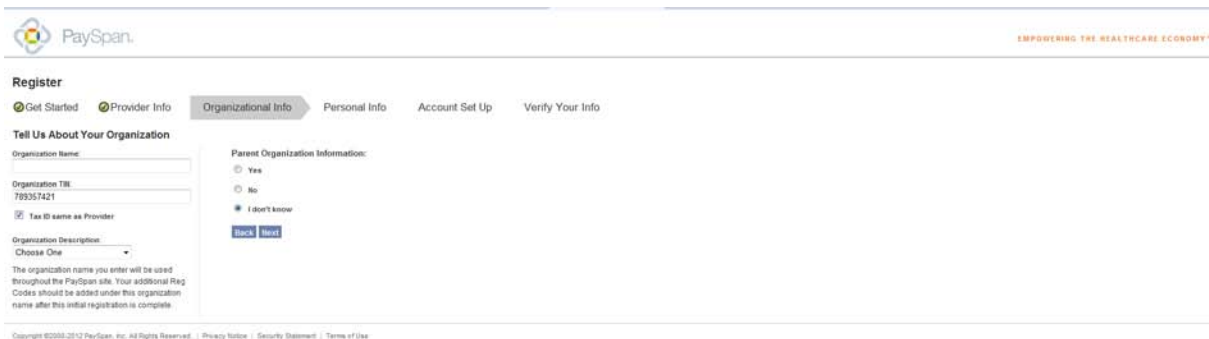
- Enter the details about your practice and click the **Next** button to continue.



The screenshot shows the 'Register' page with the 'Tell Us About Your Practice' step selected. It features a 'Provider Type' dropdown menu and a list of 'Accepted Credit Cards' (Visa, Discover, Mastercard, American Express). A 'Next' button is at the bottom. To the right, there is a 'Payor / Payee Relationship' section with an example: 'Fabrikam Insurance Company is paying DrBarbaraSmith using the Reg Code you entered.' Below that, it defines 'Atypical Service Provider' and explains why credit card information is asked for.

Tell Us About Your Organization

- Billing agencies should enter their agency name and Tax ID number on this page.
- If the provider has a parent organization, name that organization and TIN here.
- Check "same as provider" if the other fields are not applicable and click **Next** to continue.



The screenshot shows the 'Register' page with the 'Tell Us About Your Organization' step selected. It includes fields for 'Organization Name', 'Organization TIN' (with the value 793357421), and a checkbox for 'Tax ID same as Provider'. There is a 'Parent Organization Information' section with radio buttons for 'Yes', 'No', and 'I don't know'. A 'Next' button is at the bottom. The footer contains copyright information for 2012 PaySpan, Inc.

Tell Us About Yourself

- Please provide us with your full name, email address, phone number and job title.
- Designate a user name of your own, or just use your email address.
- Create a unique password of at least 8 characters and include one capital letter, one lower case letter and a number.
- Select a challenge question, enter your answer and click the **Next** button to continue.

Register

Get Started Provider Info Organizational Info **Personal Info** Account Set Up Verify Your Info

Tell Us About Yourself

Please provide us with your basic contact information to enable us to create a user account for you on the PaySpan Health system.

Full Name: _____ Username: _____

Administrators full name: _____ Minimum 8 characters and may include letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersand (&), periods (.)

Email: _____ Password: _____

Notifications will be sent to this address. Confirm Email: _____ Confirm Password: _____

Phone: _____ Challenge Question: In what city was your first job? _____

Please use the 000-000-0000 format. Challenge Answer: _____

Job Title: Office Manager

Back Next

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Set Up Your Account

- Designate the account you wish to have funds deposited to and click the **Next** button to continue.

Register

Get Started Provider Info Organizational Info Personal Info **Account Set Up** Verify Your Info

Set Up Your Account

Account Name: _____

This is the name that will be used to identify this receiving account throughout the PaySpan system.

Account Description: _____

Enveloping Method: PaySpan Health

Enable Electronic Payment

Routing Number: _____

Account Number: _____

Confirm Account Number: _____

Account Type: Business Checking

Back Next

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Verify Your Info

- Verify your information, check the box to agree to the Services Agreement and click **Confirm**.

Register

Get Started Provider Info Organizational Info Personal Info Account Set Up **Verify Your Info**

Verify Your Info

Individual Information

Name: My Name

Phone: 904-588-7029

Email: myemail@afc.com

Username: myemail@afc.com

Your Bank Account Information

Account Name: My Account

Routing Number: 263079373

Account Number: 12345

Enveloping Method: PaySpan Health

ERT Enabled: Yes

I agree to the Services Agreement.

Back Confirm

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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 your account and enter the amount on your Home Screen to activate your account. The deposit does not need to be returned to PaySpan.

For assistance please call 1-877-331-7154 or email providersupport@payspanhealth.com. Our Provider Services Team is available Monday through Friday, 8am to 8pm, Eastern Time.