

Optum Pay™ virtual card payment enrollment guide

Before you start the enrollment process, please have the following on hand:

- Contact information (name, phone number and email address)
- One or two individuals from your organization to support administration and oversight of your account
- W9

Online enrollment process for providers:

1

Visit optum.com/enroll and select **"Enroll Now."**
Then 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?



2

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

I am enrolling as a Healthcare Organization.

[Change](#)

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.

 Which option should I choose?

[CANCEL ENROLLMENT](#)

3

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

The screenshot shows the Optum Financial Online Enrollment page. A modal window titled "How to Choose Payment Type" is open. The modal contains the following text:

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-pays would be processed. VCP transactions are subject to additional terms and conditions, including fees, between you and your card service processor.

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 CVC, Proxy number and expiration date in a secure location.

Your virtual card will be delivered via the USPS. When you receive your card please activate the card and then log into Optum Pay portal to view the payment and remittance information.

You'll redeem your virtual card on your point of sale terminal. You'll enter the 16 digit account

4

To enroll for VCP only, select the second option.

The screenshot shows the enrollment form. At the top, it says "I am enrolling as a Healthcare Organization." with a "Change" link. Below that, the question "Great! Next, how would you like to receive your payments?" is displayed. There are two radio button options:

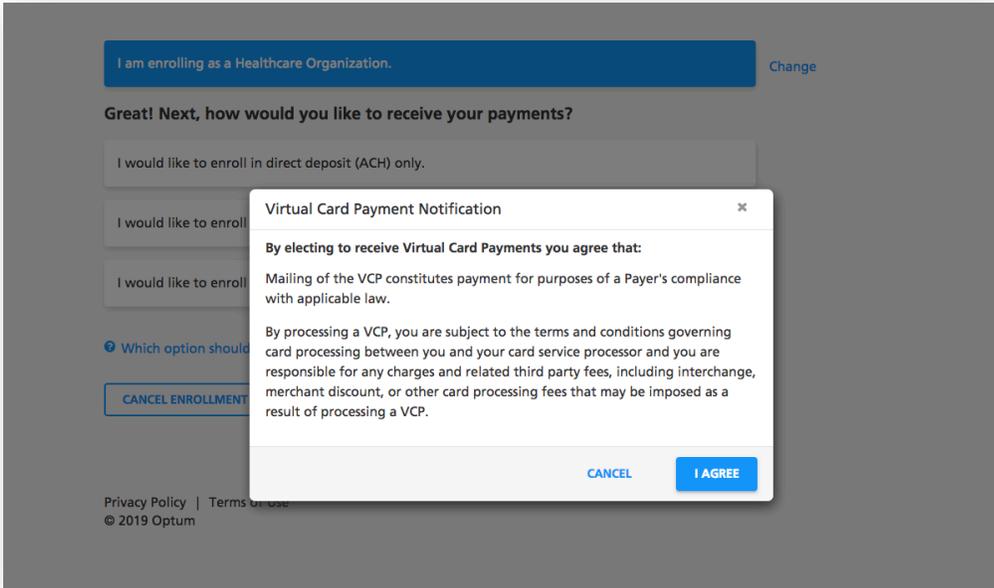
I would like to enroll in direct deposit (ACH) only.

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

A red arrow points to the second option. Below the options is a question mark icon and the text "Which option should I choose?". At the bottom, there is a "CANCEL ENROLLMENT" button.

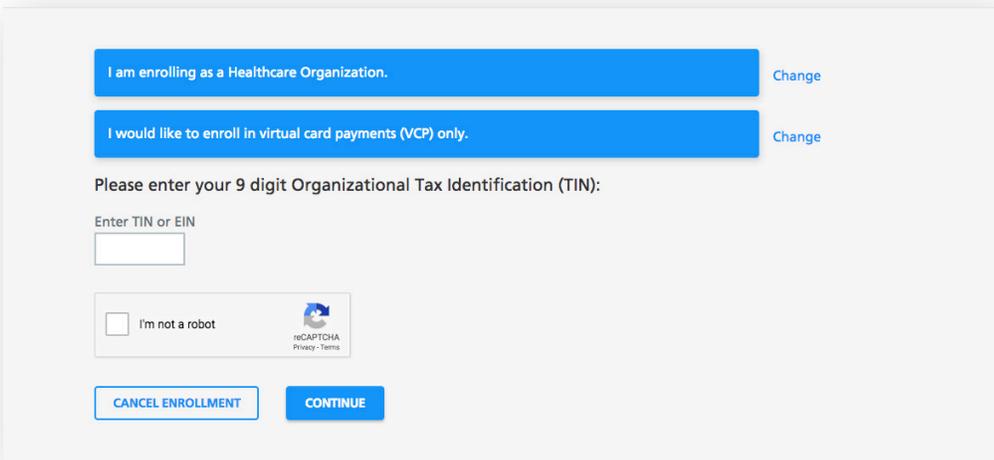
5

Upon selection of VCP, you will receive a Virtual Card Payment Notification popup, alerting you of Card processing fees you may be responsible for in processing a VCP. Select **"I Agree"** to continue.



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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.



7

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 add/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.

We'll also ask you to upload a copy of:

- ✓ Your organization's W-9 form
 - The TIN and the supplied business information should match the organization information.
 - The W-9 must be signed and dated
 - If your organization does not have a completed W-9 form, please follow [this link](#) to download a copy and complete the form.

CANCEL ENROLLMENT

CONTINUE

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Once you select **“Continue,”** you can begin to enter the 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: & # . , ' * 0 [] .

*Business Name

Enter the name exactly as it appears on your tax ID documentation. Avoid using your organization DBA 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

-

Provider Identifiers Information

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

National Provider Identifier (NPI), if applicable

* Provider Type

- Hospital/Facility
- Physician (Group/Individual Practice)
- Other Healthcare Service Organizations (All other Clinicians, Laboratory Services, Home Health Services, DME or other)

CANCEL ENROLLMENT

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CONTINUE

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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)
- Email Address (must be unique to each user)
- Re-type Email Address

If entered, you can opt to receive text alerts when payments and remittances have been processed for your organization.

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 Optum Pay portal.

Primary Administrator Information (Required)

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

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

*First Name Middle Initial *Last Name

*Telephone Number - - ext.

Mobile Phone Number - - In a future update, we will offer text alerts when new payments are posted. Select the checkbox to opt-in to receiving text alerts when they become available (Standard rates apply) [Learn about alert frequency](#)

*Email Address

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

*Re-type Email Address

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

Secondary Administrator Information (if applicable)

If entering a Secondary Administrator, then all fields marked with an asterisk (*) are required.

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 Middle Initial *Last Name

*Telephone Number - - ext.

Mobile Phone Number - - In a future update, we will offer text alerts when new payments are posted. Select the checkbox to opt-in to receiving text alerts when they become available (Standard rates apply) [Learn about alert frequency](#)

*Email Address

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

*Re-type Email Address

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

[CLEAR ADMINISTRATOR INFORMATION](#)

[CANCEL ENROLLMENT](#)

[BACK](#)

[CONTINUE](#)

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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.

Identify Administrators

Optum Pay Enrollment - Confirm Existing User

The email address you entered for at least one of the contacts already exists in our records. The contact information and TINs already associated with this email address are below.

User
Michelle Thomas

User Type
Provider

Status
P

Phone Number
(111) 111-1111

Email
payables_qa@uhc.com

TIN Associations		
TIN	Organization Name	Access Level
411984688	NPI 3 Org	Administrator

Would you like to move forward with this contact information? If not, you will be required to enter a different email address to continue the enrollment process.

Yes No

CONTINUE

Please 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.

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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 **"Federal W9 form here"** link.

Upload W9

A copy of your W9 is required to complete your enrollment for this TIN. Please upload your W9 now. Accepted 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

852456124

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

Choose File No file chosen

CANCEL ENROLLMENT

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CONTINUE

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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

Review and Submit

Please review your enrollment information below for accuracy. If you would like to make changes, select the Edit option alongside the corresponding section. An authorized signature is required to submit the enrollment form.

Reason for Submission
New Enrollment

Organization Information [EDIT](#)

TIN or EIN 852456124	National Provider Identifier
Business Name Optum	Provider Type Test1234
Business Address 11000 Optum Circle Eden Prairie, MN 55344	Market Type Test567

Identify Administrators [EDIT](#)

Primary Administrator Contact Michelle Thomas	Secondary Administrator Contact David Thomas
Primary Administrator Telephone 952-205-6212	Secondary Administrator Telephone 952-205-9432
Primary Administrator Mobile Phone	Secondary Administrator Mobile Phone
Primary Administrator Email Address firstname.lastname@gmail.com	Secondary Administrator Email Address firstname.lastname2@gmail.com

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.

 [Download 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)

*First Name <input type="text"/>	*Last Name <input type="text"/>
*Title <input type="text"/>	*Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
*Email Address <input type="text"/>	*Re-type Email Address <input type="text"/>

[CANCEL ENROLLMENT](#)

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[SUBMIT ENROLLMENT](#)

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After hitting **“Submit Enrollment,”** 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 Optum Pay. 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 Once we have approved your enrollment application, both account administrators will receive an email with an Optum Pay security PIN and instructions for how to setup your online account.
- 2 Using the link in the email, sign in or register for a One Healthcare ID. Once signed in, enter your security PIN and Tax ID to complete account setup and start accessing your payment information.

[EXIT ENROLLMENT](#)

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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 Optum Pay Provider Portal. Please follow the directions in the email to complete the portal access activation and associate your One Healthcare ID with your PIN.



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