

Optum Pay™ billing services 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

The billing service enrollment form should be completed by all third-party billing service companies contracted to perform services on behalf of health care organizations.

Following the successful submission of your billing service enrollment, the contacts that you establish will receive an email with instructions on how to register for access to the Optum Pay portal. Once your portal access is set up, you'll be able to navigate to the billing service information tab and associate the TINs for your health care clients.

1

Visit optum.com/enroll and select **"Enroll Now."**
Then select **"I am enrolling my 3rd Party Billing Service Company."**

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

After selecting **"I am enrolling my 3rd Party Billing Service Company,"** you will then be asked to select and enter your TIN (Tax Identification Number) or SSN (Social Security number) and complete the CAPTCHA image field.

The screenshot shows a web form with a blue header bar containing the text "I am enrolling my 3rd Party Billing Service Company" and a "Change" link. Below the header, the user is prompted to "Please enter your 9 digit Organizational Tax Identification (TIN) or Social Security Number (SSN):". There are two radio buttons for "TIN" and "SSN". A text input field is labeled "Enter TIN or SSN". Below the input field is a reCAPTCHA section with a checkbox labeled "I'm not a robot" and a "reCAPTCHA Privacy - Terms" link. At the bottom of the form are two buttons: "CANCEL ENROLLMENT" and "CONTINUE".

3

Upon selecting **"Continue,"** you will be given a message to continue the enrollment process.

The screenshot shows a confirmation message: "Congratulations, your TIN is eligible for enrollment!". Below this, it states: "Please be advised that in order to complete the online enrollment process, you will need to provide the following:". A list of requirements follows, each with a green checkmark icon:

- 3rd Party Billing Service name and mailing information.
- Contact information, including the name, telephone number, and e-mail address for two members of the 3rd Party Billing Service 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.

Below the list, it says: "We'll also ask you to upload a copy of:". Another list of requirements follows, each with a green checkmark icon:

- Your 3rd Party Billing Service's W-9 form
 - The TIN and the supplied business information should match the 3rd Party Billing Service 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.

At the bottom of the form are two buttons: "CANCEL ENROLLMENT" and "CONTINUE".

4

Enter your billing service information. You will need to enter the following information:

- Billing service name
- Billing service address (no P.O. boxes)

Please note: Special characters are not allowed in the name and address fields. Refrain from using characters such as: & , \ . / : # () % < * ; > " ' | - +

Billing Service Information

Please enter your billing service name and address. All fields marked with an asterisk (*) are required.

*Billing Service Name

Billing Service 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

Select State ▾

-

Billing Service Identifiers Information

Billing Service Identifiers

Billing Service TIN

852456126

[CANCEL ENROLLMENT](#)

[CONTINUE](#)

5

Click on **“Continue”** and go to Identify Administrators page.

- Set up two administrative contacts. Administrators will have the ability to associate provider TINs to your billing service account and set up additional billing service users.

Identify Administrators

Please identify at least one member of the billing service who will serve as administrator on the account.

Account administrators may:

- Add or edit user access
- Associate your Optum Pay Billing Service account with your provider client using the Billing Service tab
- 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.

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

Primary Administrator Information (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)

The secondary administrator should be someone in your Finance or Account area responsible for provider client management.

*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](#)

6

Upload W9: You will now need to upload a signed and dated W9. Acceptable file formats to upload are: pdf, jpg, gif or png. WITH are PDF, JPG, GIF or PNG. If you do not have a current W9, you 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 / SSN. 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.

Billing Service Name

ABC Company

Billing Service TIN / SSN

852456126

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

 No file chosen

CANCEL ENROLLMENT

BACK

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.
- Review, agree and download the Terms and Conditions and complete the Authorized Enroller's Information section.

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

Billing Service Information [EDIT](#)

Tax Identification Number TIN (Preferred or SSN)
852456126

Billing Service Name
ABC Company

Billing Service Address
**2545 Chicago Ave
Minneapolis, MN
55404**

Identify Administrators [EDIT](#)

Primary Administrator Contact
Michelle Thomas

Primary Administrator Telephone
952-205-6212

Primary Administrator Mobile Phone

Primary Administrator Email Address
firstname.lastname@gmail.com

Secondary Administrator Contact
David Thomas

Secondary Administrator Telephone
952-205-9432

Secondary Administrator Mobile Phone

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 individual from your organization.

*First Name *Last Name

*Email Address *Re-type Email Address

*Telephone Number
 - -

[CANCEL ENROLLMENT](#)

[BACK](#)

[SUBMIT ENROLLMENT](#)

8

After clicking on **“Submit Enrollment,”** you will get a message that your enrollment has been successfully submitted. You can download or print a copy of your completed enrollment form.

Enrollment Submitted

Thank you!

You have successfully completed 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](#)

9

Set up user access to the portal: 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 Optum Pay PIN.



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