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
>
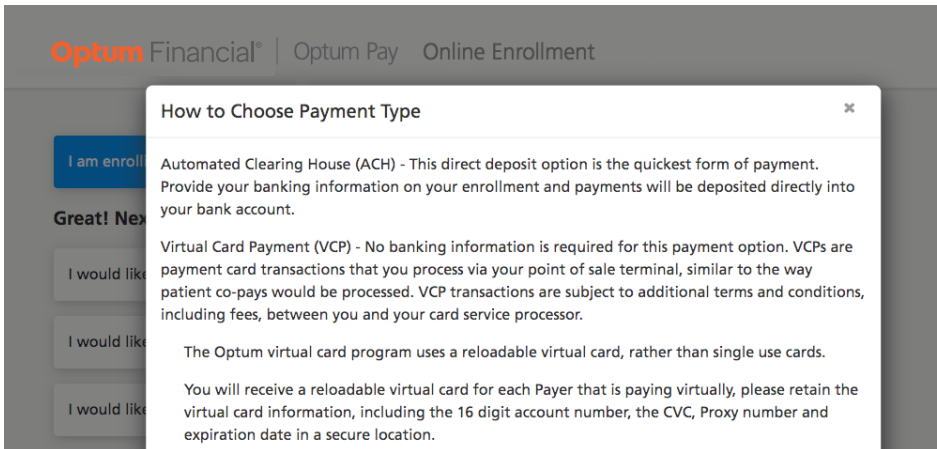> **Great! Next, how would you like to receive your payments?**
>
> I would like to enroll in direct deposit (ACH) only.
>
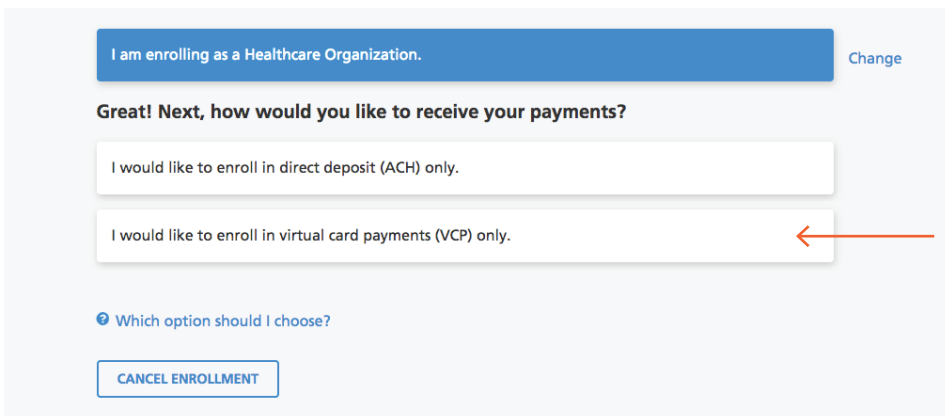> I would like to enroll in virtual card payments (VCP) only.
>
> ❓ Which option should I choose?
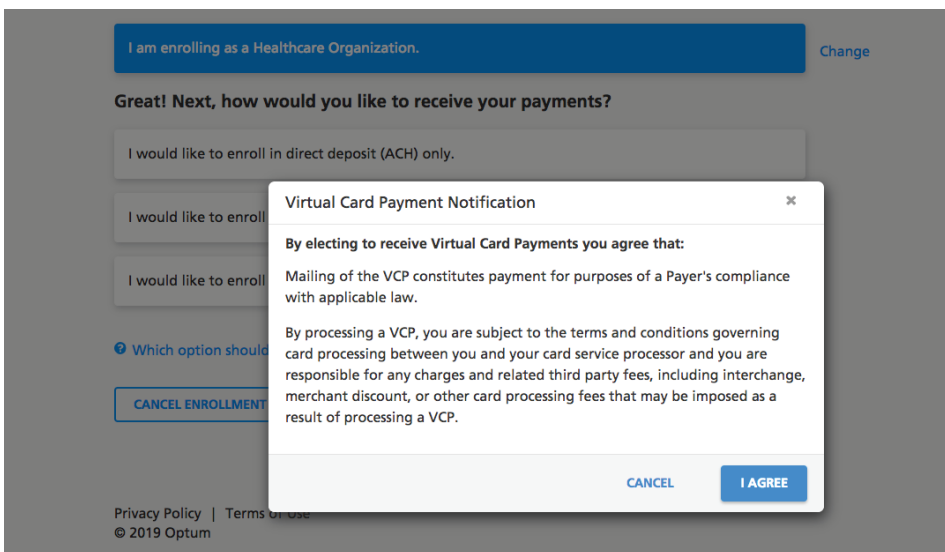>
> CANCEL ENROLLMENT

3 If you click on **"Which option should I choose?"** the following will display.

4 To enroll for VCP only, select the second option.

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

6   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.

> I am enrolling as a Healthcare Organization.   Change
>
> I would like to enroll in virtual card payments (VCP) only.   Change
>
> **Please enter your 9 digit Organizational Tax Identification (TIN):**
>
> Enter TIN or EIN
>
> [ ]
>
> [ ] I'm not a robot   reCAPTCHA
>   Privacy · Terms
>
> **CANCEL ENROLLMENT**   **CONTINUE**

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**

8 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: & # . , ' * () [ ].

*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

[Select State ▼]   [   ] – [   ]

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   [BACK]   [CONTINUE]

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9 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)
  If entered, you can opt to receive text alerts when payments and remittances have been processed for your organization.

- Email address (must be unique to user)

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

9   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.

10 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   BACK   CONTINUE

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11 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	National Provider Identifier
852456124	
Business Name	Provider Type
Optum	**Test1234**
Business Address	Market Type
11000 Optum Circle	**Test567**
Eden Prairie, MN	
55344	

Identify Administrators   EDIT   ←

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

*Title   *Telephone Number

*Email Address   *Re-type Email Address

CANCEL ENROLLMENT   BACK   SUBMIT ENROLLMENT

12 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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13 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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