


ECHO® PROVIDER PORTAL

www.ProviderPayments.com

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



CREATE A NEW ACCOUNT

- [Click here](#) for more help.

Account Information

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

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

Password:
 Choose a password that is at least eight (8) characters long; you must include at least one number (1,2,3), one special character (!,@,#,\$,%,&,+)=) and must include upper- AND lowercase letters.

Confirm Password:

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

Draft Number Verification I do not have a Draft Number

Draft Number:
 ECHO draft numbers contain no space or special characters and can be located on any past Explanation of payment.

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

Password Validation: Follow password rules shown in screenshot above. Ensure your password has at least one special character. Note: Special character cannot be the asterisk (*).

Draft Number Verification: This is a required verification. An ECHO Draft Number can be found on any ECHO payment. It is a 9-digit number, starting with a 1 or a 9, and it is listed as an EPC Draft Number, the check number or a Trans Nbr on your Explanation of Payment. Enter the **Draft Number** and corresponding **Draft Amount** to proceed.

ECHO® PROVIDER PORTAL


www.ProviderPayments.com

Draft Amount Validation: Enter the full payment amount that corresponds with the **Draft Number** you have referenced. Do not enter a dollar sign (\$) or comma (,), but do include the decimal point.

Example: Incorrect \$2,100.23

Example: Correct 2100.23

If you do not have an ECHO Draft Number, you may register using a patient account number (**Patient Account No**) corresponding with a payor check number (**Payor Check No**).



CREATE A NEW ACCOUNT

• [Click here](#) for more help.

Account Information

Username: <input type="text" value="UserName"/>	Choose a username that is at least four (4) characters long; you may use numbers and/or letters.
E-mail: <input type="text" value="email@test.com"/>	An e-mail address is needed so that your password can be e-mailed to you if you ever forget it.
Password: <input type="password" value="....."/>	Choose a password that is at least eight (8) characters long; you must include at least one number (1,2,3), one special character (!,@,#,\$,%,^,&,+,=) and must include upper- AND lowercase letters.
Confirm Password: <input type="password" value="....."/>	*
Tax Identification Number (TIN): <input type="text" value="000000000"/>	Your 9-digit Tax Identification Number (TIN) should be entered without any spaces or dashes (-).
<input type="radio"/> Draft Number Verification	<input checked="" type="radio"/> I do not have a Draft Number
Payor Check No <input type="text" value="00000000"/>	Your Payor check number should be entered without any spaces.
Patient Account No <input type="text" value="000000000 "/>	Your Patient Account Number should be entered without any spaces.

ECHO® PROVIDER PORTAL

www.ProviderPayments.com

Once registered, log in with the username and password you created.

Account Information

Username:

Password:

[Forgot Password](#)

After you are logged in, ensure that pop-up blockers are disabled so that EPPs and Settlement images will open properly.

Contact ECHO Health, Inc. with any questions at 888.834.3511