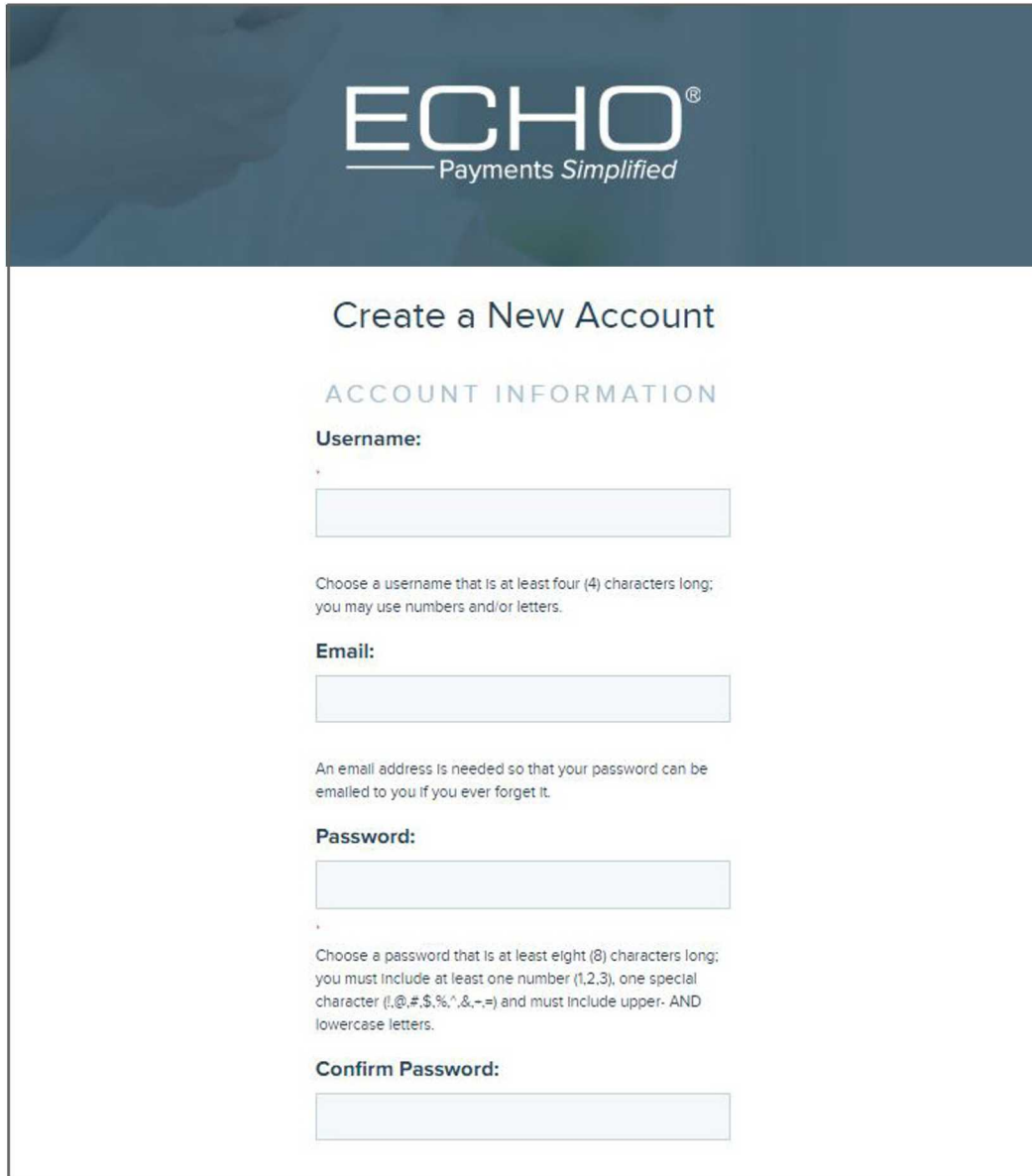


ECHO[®] PROVIDER PORTAL

www.ProviderPayments.com

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



The screenshot shows the registration form for the ECHO Provider Portal. At the top, the ECHO logo is displayed with the tagline "Payments Simplified". Below the logo, the heading "Create a New Account" is centered. Underneath, the section "ACCOUNT INFORMATION" is highlighted. The form contains four input fields: "Username:", "Email:", "Password:", and "Confirm Password:". Each field is accompanied by a small asterisk (*) indicating it is a required field. Below the "Username" field, there is a note: "Choose a username that is at least four (4) characters long; you may use numbers and/or letters." Below the "Email" field, there is a note: "An email address is needed so that your password can be emailed to you if you ever forget it." Below the "Password" field, there is a note: "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."

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.

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 ~~\$2,400.23~~



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**).

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 (\$).

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

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

Account Information

Username:

Password:

[Forgot Password](#)