

# AvMed E-Pay

AvMed *E-Pay* allows you to receive fast direct deposit payment, review patient eligibility and instantly check claim status, all through your e-mail. Your Explanation of Payment (EOP) can be delivered in the HIPAA 835 transaction format or as an interactive PDF attachment that has several convenient functions, including downloading your claim to Excel, retrieving past EOPs and making a claim adjustment. You will need Adobe Acrobat Reader 6.0 or higher installed on your computer to enroll and use the EOP interactive PDF.

## AVMED E-PAY ADVANTAGES

Using AvMed *E-Pay* gives you several advantages:

- Secure and private correspondence
- Simplified claims reconciliations for improved cash flow
- Payments electronically transferred into your bank account within minutes
- Access from your e-mail 24 hours a day, 7 days a week
- Reduce or eliminate costs and time associated with manual process

## REQUIRED INFORMATION

Before enrolling in AvMed *E-Pay*, you will need to gather the following information:

- **Provider Information**
  - Provider Name
  - Provider tax ID number
- **Billing Information**
  - E-mail address(es) of individual(s) to receive EOPs
  - Billing address
  - Contact name and telephone number
- **Bank Account Information**
  - Bank routing number
  - Bank account number
  - Bank account name
  - Type of account (savings, checking)
  - Bank's name and address

## ENROLLMENT

If you belong to a group practice, only the group should enroll for AvMed *E-Pay*. Allow up to 10 days for AvMed to process your enrollment after you have submitted the appropriate forms. You can easily enroll in AvMed *E-Pay* through these simple steps:

- 1) Go to **www.avmed.org** and log in using your username and password (provider ID and PIN). Once you are logged in, choose "Tools" from the list at the left. Then choose E-Pay Enrollment.
- 2) Click as directed to begin the enrollment process, fill out your Federal Tax ID number and click **Next**.
- 3) On the next page enter your Provider or Group number and name, a contact name and e-mail address(es) to receive the enrollment invitation. You can specify a unique password to open the enrollment invitation or the password will default to your AvMed Payee number. Click the **Enroll** button in the "Action" section.
- 4) AvMed will send you an invitation to *E-Pay* to authorize your Electronic Funds Transfer (EFT). You must open the secure PDF form attachment using the password you specified in Step 3 above. Fill out the required bank and billing information. Provide a password to protect and open your future EOPs, then click **Submit** to see a printable version. Print, sign and then fax or mail the document with a voided check to AvMed. Adobe Acrobat Reader is required for this step.

## USING THE E-EOP

Electronic funds transfers for approved claims are made once a week, and the e-mail containing your EOP attachment will be sent at that time. You will need your password to open the interactive PDF. The e-mail will include the hint that you chose during enrollment to help you remember your password. The functioning buttons of the EOP include:

- **Overpayment Advice** – Jumps to the page of the Overpayment Advice included with your EOP
- **Request Previous EOP** – Jumps to the page that allows you to obtain a copy of an earlier EOP for reference
- **View FAQ** – Opens a page of the AvMed Web Site containing *E-Pay* questions and answers
- **Download Excel** – Opens a new Excel document with the details of the claims
- **Claim Adjustment** – Allows you to submit an adjustment request and explanation online

**If you would like more information about *E-Pay*, please contact the AvMed Provider Service Center at 1-800-452-8633 (option 3).**