## BEFORE YOU BEGIN

Gather this information about yourself and your organization:

- Physical and billing addresses
- Tax ID (EIN or SSN)
- NPI (if you have one)
- Primary specialty/taxonomy
- Check or EFT information from a health plan that you submit to (recommended)

BEGIN REGISTRATION

1. Go to www.availity.com and click **REGISTER** at the top of the page.
2. Hover the cursor over the **Providers** tile, and then click **REGISTER**.
3. Complete the selection for a new user, accept the agreement terms, and then click **Sign Up**.
   - Are you already an existing user?
   - If you are, then select **Yes, I have an Availity User ID**.
   - Enter your credentials, accept the terms, and click **Sign Up** to create a new account.
4. Enter and confirm your email address and personal information to set up your account. Click **Next**.

1

2

3

4
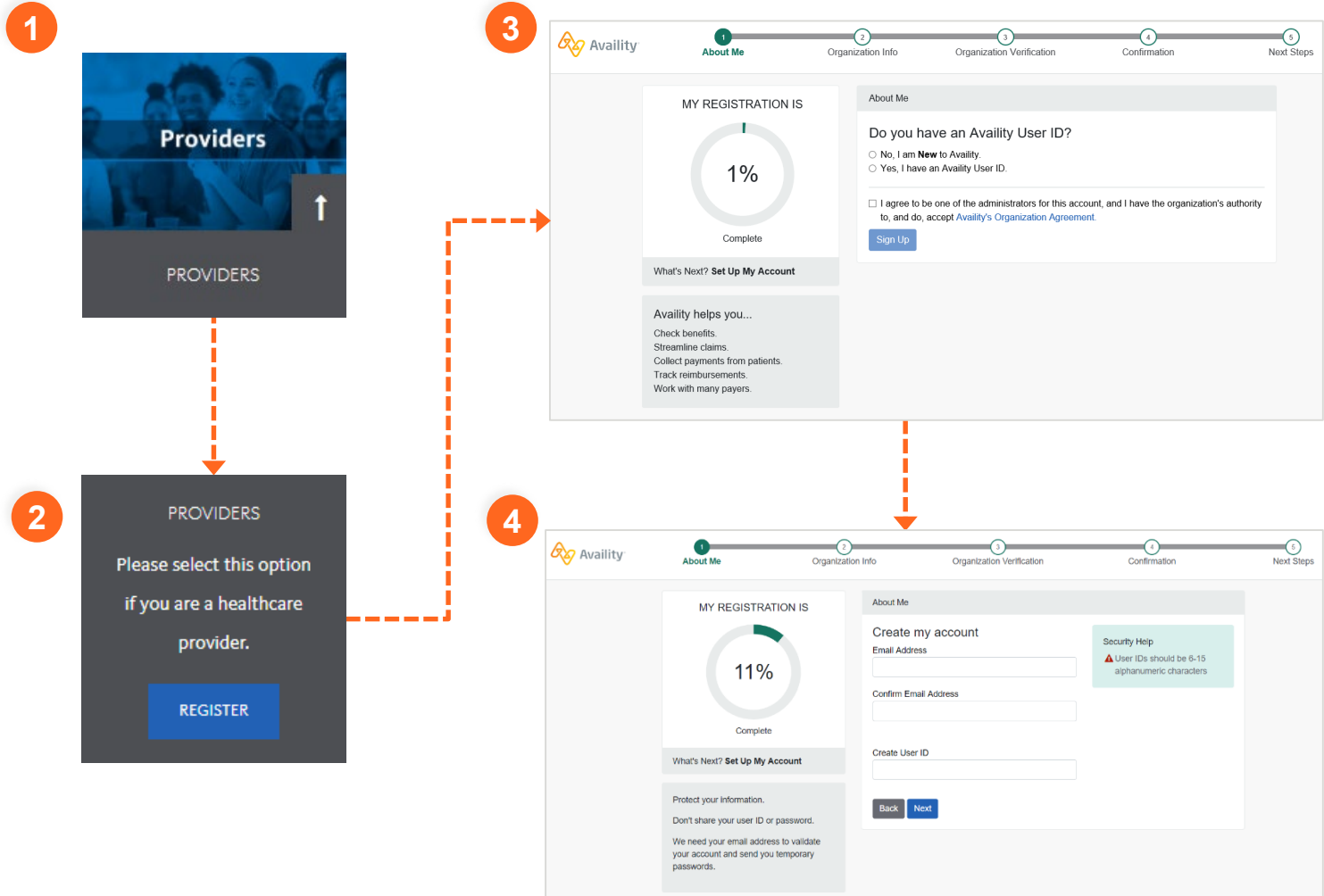
Note: User IDs should be 6-15 letters or numbers. On the second About Me page, make sure you enter your full legal name.

QUICKLY GET THROUGH VERIFICATION

5. To quickly get through the verification steps, enter complete and valid information in these sections:

   - **Full Legal Name**
   - **Date of Birth**
     The individual registering the organization must be 18 years or older.
   - **Personal Phone Number**
   - **Home Address**

6. Don't be afraid to click the blue help icons to learn why you are entering this information:
   - Click the **What's this used for?** link to expand the help tips.
   - Click this link again to roll up the help tip.

7. Accept the acknowledgement.

8. Click **Next** to enter information about your organization.

At this point, we might ask you a few questions.

Availity collects personal information to validate your identity—you are who you say you are—in order to deter fraudulent activity.

You have a minute to answer each question before your registration session times out.

5

About Me

I already have an Availity account

NOTE: Please use your information in this section and not the provider's. It is important that we know how to contact you if there are any changes with the account. We'll set up your provider in just a little bit.

Full Legal Name

First Name

Last Name

☐ I'd like to use my nickname and not my legal name for this account.

What do you do the most?

Select...

6

Date of Birth ❓ What's this used for?

mm/dd/yyyy

What's this used for? To deter fraudulent activity, we ask that you verify your identity by providing this information and answering a few questions.

Personal Phone Number

My Phone Number

(___) ___-____ ext. _____

Type

Select...

Home Address ❓ What's this used for?

This address will be used to verify your identity. Please use your personal residental address.

Street Address (U.S. Domestic Only)

City

State

ZIP / Postal Code

Select...

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☐ I acknowledge and agree that (i) I am the individual identified above and (ii) the information that I have provided above is accurate and may be used and sent to a third party for identity verification purposes. Failure to submit the above requested information and to successfully complete the identity verification process may suspend or terminate registration for and access to Availity's services.

Back   Next **8**

If some of your information is incomplete, Availity might ask you for the last four digits of your SSN.

If Availity is unable to verify your identify, have someone else in your office who can serve as an Availity administrator register for you.

For more information, please call Availity Client Services at 1-800-282-4548.

ENTER INFORMATION ABOUT YOUR ORGANIZATION

9. Complete the information to set up your organization:
   - **Organization Setup**
   - **Organization's Physical Address**
   - **Taxonomy and Specialty**
   - **Payers' Regions**

A. For the tax ID, enter an employer identification number (EIN) or social security number (SSN).
   - Clear the check box if the organization is not required to have an NPI.
   - If the organization is required to have an NPI, leave the check box selected and enter the NPI.

B. If the billing and physical address are not the same, clear the check box, and then enter the organization's billing address.

10. Click **Next** to continue entering organization information.

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⑨ Organization Information

Organization Setup

Organization Name
Enter the name of the company you work for.   ▼ Providing a service on behalf of a provider?

Ⓐ [text field]

Organization's Tax ID
[text field]   [EIN ▾]

National Provider Identifier (NPI)
If you have an individual (entity type 1) and organization (entity type 2) NPI, **use the organization's NPI.**

[text field]

☑ This is a HIPAA covered healthcare provider that is required to have an NPI

National Provider Identifier (NPI)
If you have an individual (entity type 1) and organization (entity type 2) NPI, **use the organization's NPI.**

[text field]

☑ This is a HIPAA covered healthcare provider that is required to have an NPI

Organization Phone Number
(___) ___-____ ext. _____

Organization's Physical Address
Street Address
[text field]

[text field]

City   **State**   **ZIP / Postal Code**
[text field]   [Select... ▾]   [text field]

Ⓑ ☑ Billing and physical address are the same.

☐ Billing and physical address are the same.

Organization's Billing Address
Street Address
[text field]

[text field]

City   State   ZIP / Postal Code
[text field]   [Select... ▾]   [text field]

Taxonomy and Specialty

Primary Specialty/Taxonomy
[Select... ▾]

Additional Specialties/Taxonomies (Optional)
[Select... ▾]
It's okay to select more than one.

Payers' Regions

⑩ This organization is contracted in the following states:

[Select... ▾]

[Next]

FINISH ORGANIZATION SETUP

11. If the tax ID or NPI has already been used in a previous registration, please follow the instructions on the panel, depending on your user account needs. Click **Next**.

12. Tell us if you need a secure FTP mailbox to share EDI files with your health plans, and then click **Next**.

13. To verify your organization and obtain faster approval to Availity Portal, provide information from a valid check you have received from an available health plan in the last six months.

    If you don't have a check or EFT to verify, your registration can take a few days to process.

    Otherwise, select **None of these**.

To expedite the registration process →

Provide check information from a payer. The list of payers varies by state.

Here is an example list of Payers, subject to change.

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Organization Information

Already registered?
Our records indicate that this organization may already be registered.

- If you **need to be added as a user** on the current account - please contact your organization's Administrator. They can add you as a new user.
- If you **need a new Administrator** for your organization, or you are **not sure who the Administrator is**, please call Availity Client Services at 1.800.AVAILITY (282.4548) M-F between 8:00am and 7:30pm EST.
- If you already have an active account and are registering an additional account due to a business need, please click **Next**.
  Please note: Additional time and security validation will be required in order to process your request. Your organization will be contacted with further instructions.

[Back] [Cancel Registration] [Next]

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Organization Information

Will your organization need to exchange batches of EDI files directly from your system to health plans using Availity's SFTP?

- ○ Yes, this organization will need an Availity Secure File Transfer Protocol (SFTP) mailbox.
- ○ No, not at this time.

[Back] [Next]

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Organization Verification

Check Information
To expedite the registration process, provide payment information.
The check must be issued between **09/12/2018** and **03/11/2019**

(Don't have a check? Select "None of these")

Payer
| Payer ABC | ⌄ |

Primary Tax ID
[   ]

Check/EFT Trace Number
[   ]

Check/EFT Amount
[$00.00   ]

Check/EFT Date (MM/DD/YYYY)
[MM/DD/YYYY   📅]

[Back] [Next]

Payer	Region
Blue Cross Blue Shield of Illinois	IL
Blue Cross Blue Shield of Minnesota	MN
Blue Cross Blue Shield of New Mexico	NM
Blue Cross Blue Shield of Oklahoma	OK
BlueCross BlueShield of Tennessee	AL, AR, GA, KY, MO, MS, NC, TN, VA
Blue Cross Blue Shield of Texas	TX

Payer	Region
Florida Blue – includes Florida Blue Federal Employee Program (FEP)	FL
Humana	All regions
Regence BlueCross BlueShield of Oregon	OR
Regence BlueCross BlueShield of Utah	UT
Regence BlueShield	WA
Regence BlueShield of Idaho	ID

COMPLETE YOUR REGISTRATION

14. Review your information.

15. Click **Looks good! Continue**.

    Tip: Click the **Edit** link to make changes to your organization information before submitting.

    .

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Confirmation

Registration Review

ACCOUNT INFO

Email mybilling@qaregistration.availity.com

User ID mybilling

ABOUT ME

Name Jane Tester (Case Manager)

Phone Number (555) 555-5555 (Office)

ORGANIZATION INFO

Organization Name ABC Clinic and Therapy

Organization Tax ID 123123123

Primary Taxonomy (251B00000X) Agencies|Case Management|Not Applicable

Physical Address 168 Samaritan Watertown, NY 13601

Billing Address 786 Haley Street Watertown, NY 13601

15 ☑ Edit

Back Looks good! Continue.

AFTER YOU REGISTER...

1. Optionally, click **Print** to retain a copy of the *Organization Agreement* document and your registration confirmation.

   Note: The *Organization Agreement* document displays in a separate window. If you do not hear from Availity within 5 business days, call Availity Client Services, 1.800.282.4548.

2. Check your email for messages containing your user name and temporary password.

3. Log in to Availity Portal with your user ID and temporary password. The first time you log in, we'll ask you to:

   • Accept a privacy statement, security statement, and confidentiality agreement.

   • Set up security questions.

   • Enter a new password.

   • Verify your email address.

NEED MORE INFORMATION?

Availity's Reference Guide for Users and Administrators has more details about getting started with Availity Portal.
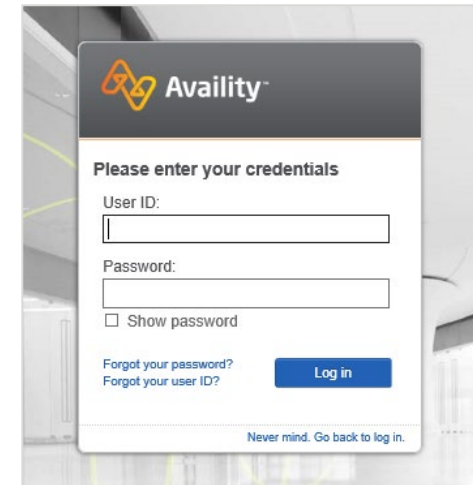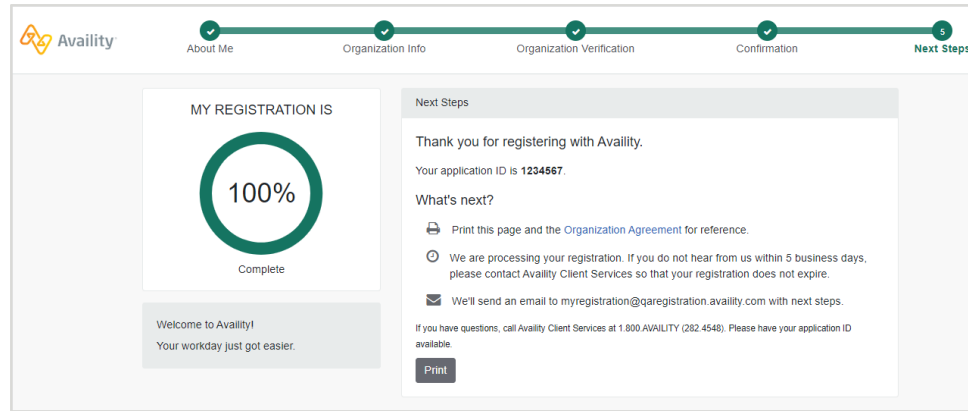
If you requested a secure FTP mailbox:

1. Log in to Availity Portal.

2. In the notification center, next to the **Activation required for your SFTP mailbox** notification, click **Take Action**.

3. Check your email for messages containing the user ID and password for your secure FTP account.

4. In the notification center, next to the **Your request for an SFTP mailbox has been processed** notification, click **Take Action** to access Availity's EDI guide.