# PaymentWorks

How Supplier Complete Registration

### Supplier will receive an email Click on the link





## Complete the information below

Company Name / Do	oing Business /	As (optional)	
Title			
Telephone •			
Email			
Confirm Email			
Create Password			
Password			
Confirm password			

An activation email will be sent to you. Please check your email for another email.



An activation email has been sent to you. Please use the link in this email to activate your account.

Please note that there may be a delay of up to 24 hours before this message is delivered. Please check all of your filtered folders.

Vendor Registration Step 2 of 4

### Click "Verify Your email and Complete your Registration"



### Registration Begins Click Next to begin the process





### **Tax Information**

All fields marked with a red asterisk (\*) are required fields.

All other fields are optional.

# For tax purposes, which best describes you?\*

- O Individual, Sole Proprietorship, or Single-member LLC
- Corporation or other complex business entity



### Primary Address & Remittance Address

PaymentW <b>o</b> rks			[→ Logout
+ Welcome I Tax Information	Addresses	Payment Information     Additional Information	
<b>Primary Address</b> All fields marked with a red asterisk (*) are required fields.		Country* Select an Option United States	
All other fields are optional.		Street 1*	
		Enter Text Here	
Primary Address (Corporate Address This is the address you want any tax	<u>)</u>	Street 2	,
related information sent. It should		Enter Text Here	
your tax filings.		City*	
		Enter Text Here	
		State*	
		Select an Option 👻	
		Zip / Postal Code*	
		Enter Text Here	

Address	Same as Primary Address
II fields marked with a red asterisk (*) are required elds. II other fields are optional.	Country* Select an Option United States
	Street 1*
	Enter Text Here
Remittance Address	Street 2
the payment should be	Enter Text Here
Primary Address.	City*
If the same, please select "Same as Primary Address"	Enter Text Here
box.	State*
	Select an Option 👻
	Zip / Postal Code*
	Enter Text Here

# Banking Info/Terms

✦ <sup>+</sup> Welcome	1 Payment Information () E Additional Information	1
Payment	Payment Information	
Information	Bank Location*	
All fields marked with a red asterisk (*) are required fields.	Please indicate whether you will be using a USA	
All other fields are optional.	Domestic Bank Account or a Non-US Bank Account to deposit your payment.	
	Select an Option	1
US Entity - USA Domestic Bank Account Foreign Entity - NON- US Bank Account		
	Choose One	
	USA Domestic Bank Account	
	Non-US Bank Account	
afe sound 0/0/0024 2:33:00 DM	Save and Exit	Nevt

#### Payment Information

All fields marked with a red asterisk (\*) are required fields.

\*\*This is where you pick

your payment method

All other fields are optional.

#### Payment Terms for each Payment Method are listed below:

Virtual Card - MUFG (Net 7 Days) - Our virtual card is a credit card with applicable merchant fees. Fees are dependent on their banks credit card policies, some do and some don't have fees. The fee can also be negotiated with MUFG's enrollment team for a lower rate.

Benefits:

- Accelerated payments will help reduce days sales outstanding (DSO)
- A simplified process that eliminates the cost of processing checks
- Expedited reconciliation by taking advantage of our electronic payment notification

**EPAY** (Immediate) - EPAY with GHX – a faster more predictable payment schedules - reduced fees and increased efficiency with GHX EPAY.

ACH(Net 30 Days) - An ACH payment is a type of electronic bank-to-bank payment, similar to direct deposit. It is only available for those with a USA Domestic Bank Account.

Mail Check (Net 45 Days)

Mail Check (Net 45 Days)

Payment Method for Payees with a USA Domestic	
Bank Account*	
- Select an Option	

Choose One Virtual Card (Net 7 Days) EPAY (Immediate) ACH (Net 30 Days)

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PaymentWorks				Sales Contact Information	
			Additional	Sales Contact Name	
+ Welcome I Tax Information Addresses	<b>1</b> Payment Information	Additional Information	Information	Enter Text Here	
			All fields marked with a red asterisk (*) are required fields. All other fields are optional.	Sales Contact Phone Number	
Additional	Please contact			Enter Telephone Here	ext.
Information	vendor.maintenance@nuv questions related to the A	ancehealth.org if you have dditional Information sectio	n	Sales Contact Email	
All fields marked with a red asterisk (*) are required fields.	of the registration.			Enter Email Here	
All other fields are optional.	Supplier Category*			HAN Network	
			J	Are you aware of HAN (Healthcare Ar	nchor Network)?*
**Fill out additional	Purchase Order Information			Select an Option	-
information section	Do you accept Purchase 0	Orders?*		Conflict of Interest Information	
	Select an Option	Ŧ		Instructions for Conflict of Interest se	ection
	Accounts Receivable Contact	t Information		If you are registering as an individual, the following section on behalf of you	, please answer urself only.
	Accounts Receivable Cont	tact Name	Click on "Conflict of Interest	If you are registering on behalf of you	ir company,
	Enter Text Here		Terms and Conditions	yourself and any other employees of	your company.
	Accounts Receivable Cont	tact Phone Number		Link to Conflict of Interest*	
				Conflict of Interest Terms and Condit	ions
	Enter Telephone He	ext.		I have read and acknowledged the Interest terms and conditions.	Conflict of
	Accounts Receivable Cont	tact Email		Are you or are you aware of anyone a	t your company
	Enter Email Here			who is a current Nuvance Health emp	bloyee?*

### Additional Information

All fields marked with a red asterisk (\*) are required fields.

All other fields are optional.

#### **Conflict of Interest Information**

#### Instructions for Conflict of Interest section

If you are registering as an individual, please answer the following section on behalf of yourself only.

If you are registering on behalf of your company, please answer the following section on behalf of

#### Submission Successful!

Your new vendor registration has been submitted successfully to Nuvance Health (Test).

As part of your registration process you **may** receive a phone call from PaymentWorks to review information you have submitted.

You will receive an email notification when your application has been approved.

Please note - this is not an authorization to perform services.

	Give Us Your Feedback	Go to your dashboard	Ŧ	•	
4		who is related to a Nuvance Health employ Select an Option	ee?	iy	
		No		•	

## Your Dashboard

PaymentW <b>o</b> rks		=	Company Profile Help	Account Logout
🖶 Home 🗘 Connect 🔒 Invoices 🕰 News	Updates Messages 💼 Remittances	3		
Manage Your connections °				
7 Active Connections	/ Customer Registrations		Companies You May Want To Connect With	
Numero Health (Test)	<u>Nuvance Health (Test)</u>	Complete	No Current Suggestions.	
Health.				
Connect with your customers %				
	Go to the new Customers page			

# Vendor Account Add Locations code

Nørks					Comp	any Profile	Help Account
Connect 🔒 Inv	nvoices 🛛 🗛 News Upd	ates Messages	Remittances			1	
ion	The following private inform	ation is only shared with clients	you have connected with o	on PaymentWorks			
F	Remittance Addresses			Creat	e New Address		
F	Proventieren Antoinen F	Associated Ba	nk Account le	Related Customers Share With Customers	/ x		
ises >	Address Validated	Associated Pa	nk Account	Public Contractor	_		
		Nor	le	Share With Customers	/ ×		
/ Info?	F	ork					
	Address Validated						
E F	Fudaraan F F	Associated Ba	ink Account	Related Customers Share With Customers	/ x		
F	F Cricago, it: 00A 00010-0210 Address Validated	76,					
F	( F F Cricago, it: COA 00010-0210 Address Validated	76,		Share	with Customers	with Customers	with Customers