

Registering Your Organization with Availity For Providers

Overview

The Availity registration process includes four distinct paths customized by organization type:

- ❖ **Provider** – Physician offices, hospitals, urgent care centers, etc.
- ❖ **Billing Service** – An outside organization to which a provider delegates its billing tasks. Central billing offices (CBOs), as part of a provider organization, should follow the **Provider** path.
- ❖ **Technology Company** – Clearinghouses, vendors of practice management systems, electronic medical records, etc.
- ❖ **Health Plan** – Payers and third-party administrators

This quick reference guide covers the registration path for **providers**.

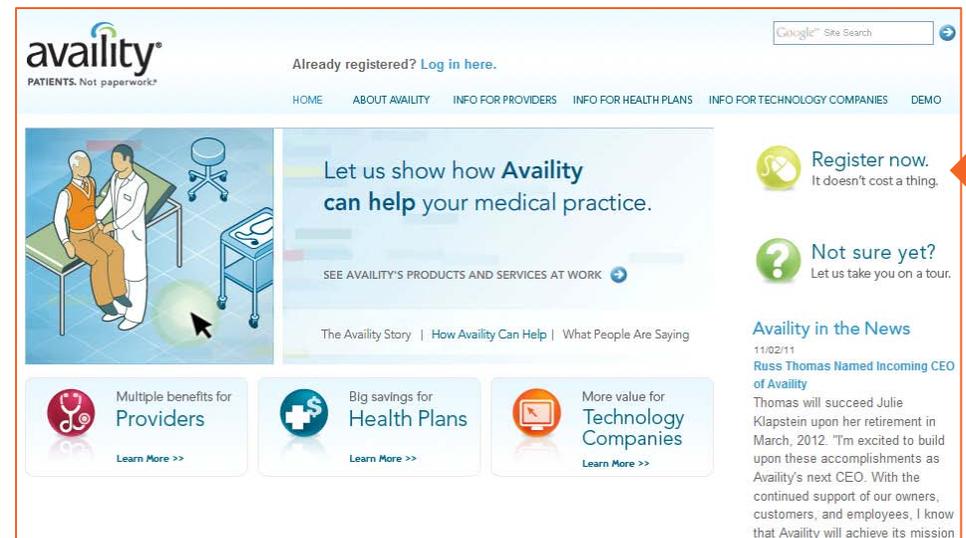
Accessing Availity Registration

Follow these steps:

1. With your browser, go to www.availity.com.
2. On the Availity home page, click **Register now**.
3. On the page that displays, click **Start Registration**.

The start page for Availity registration displays.

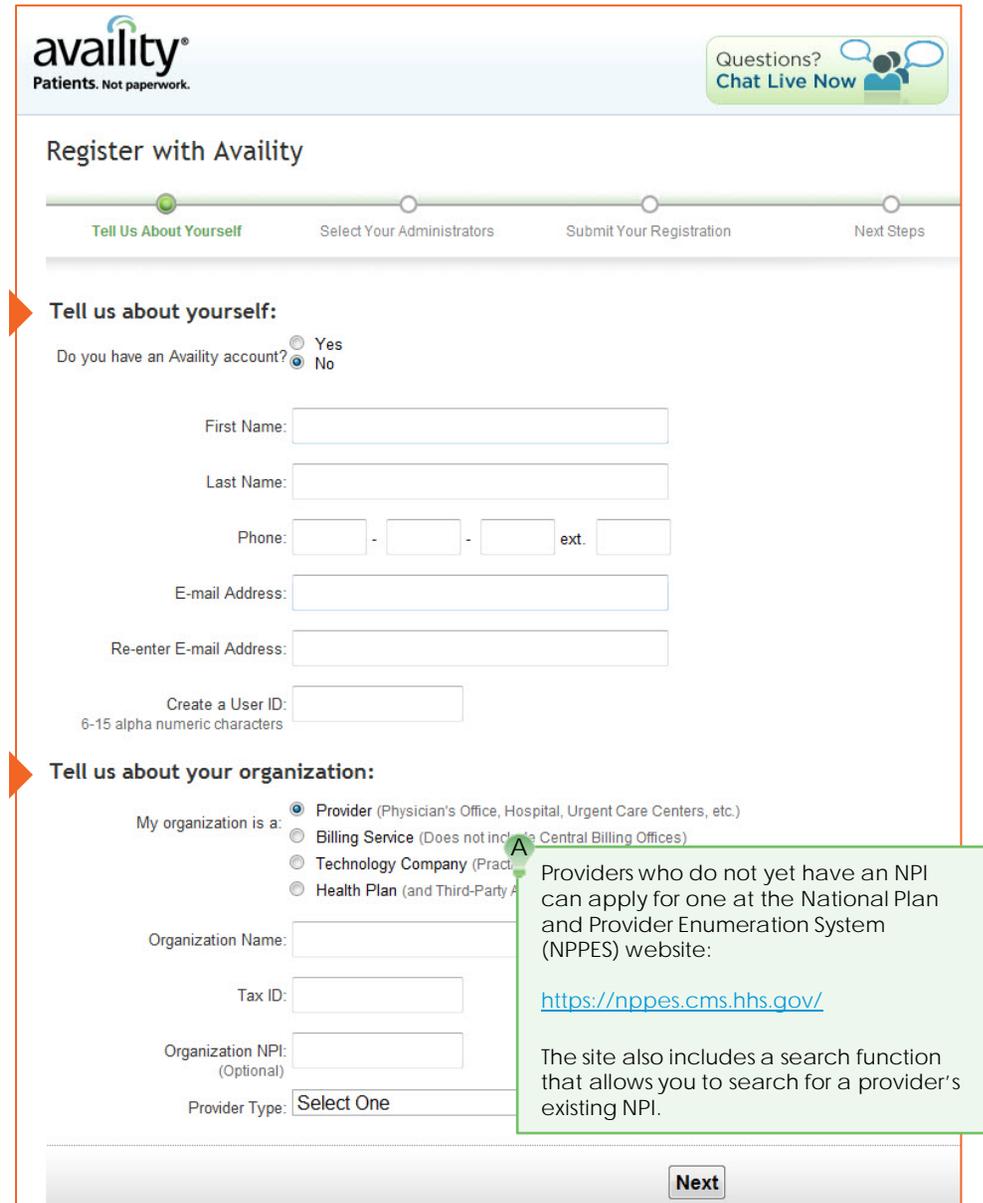
An intuitive interface guides you through the registration process, and includes a progress bar to show you where you are within the process at all times.



Tell Us About Yourself

The first step in the registration is **Tell Us About Yourself**. This includes:

- ❖ **Tell us about yourself** – In this section enter information about yourself, the applicant. A few things to note:
 - If you are an existing Availity user, click **Yes** to the question **Do you have an Availity account?** and search for your existing user ID. We recommend using the same Availity user ID across organizations.
 - You must provide a non-shared e-mail address *that is unique to your user ID*. This can be from a personal account or one that is provided by your company.
 - If you are not an existing Availity user, you must create a unique Availity user ID. The system will prompt you if the user ID you enter is already in use.
- ❖ **Tell us about your organization** – In this section, enter information about the organization your are registering.
 - Select **Provider** in the **My organization is a** field.
 - Enter your organization name, tax ID, NPI, and provider type (for example, physician practice, hospital, laboratory, pharmacy, etc.).
 - NPI is optional on this page. However we recommend that you enter it here because you will need it later in the registration process—unless your organization is a non-health care provider that is not eligible to obtain an NPI.
 - Do not select **School** in the **Provider Type** field. This is reserved for Availity training organizations.



The screenshot shows the 'Register with Availity' page. The progress bar indicates the current step is 'Tell Us About Yourself'. The form includes the following sections:

- Tell us about yourself:**
 - Do you have an Availity account? Yes No
 - First Name:
 - Last Name:
 - Phone: - - ext.
 - E-mail Address:
 - Re-enter E-mail Address:
 - Create a User ID: (6-15 alpha numeric characters)
- Tell us about your organization:**
 - My organization is a:
 - Provider** (Physician's Office, Hospital, Urgent Care Centers, etc.)
 - Billing Service (Does not include Central Billing Offices)
 - Technology Company (Practice Management, etc.)
 - Health Plan (and Third-Party Administrator)
 - Organization Name:
 - Tax ID:
 - Organization NPI: (Optional)
 - Provider Type:

A callout box points to the 'Provider' radio button with the following text: "Providers who do not yet have an NPI can apply for one at the National Plan and Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov/> The site also includes a search function that allows you to search for a provider's existing NPI."

At the bottom right of the form is a **Next** button.

Tell Us About Yourself (cont.)

When you click **Next** on the Tell Us About Yourself page, the Your Organization Information page displays pre-populated with the information you have already entered. Complete the additional fields for your organization.

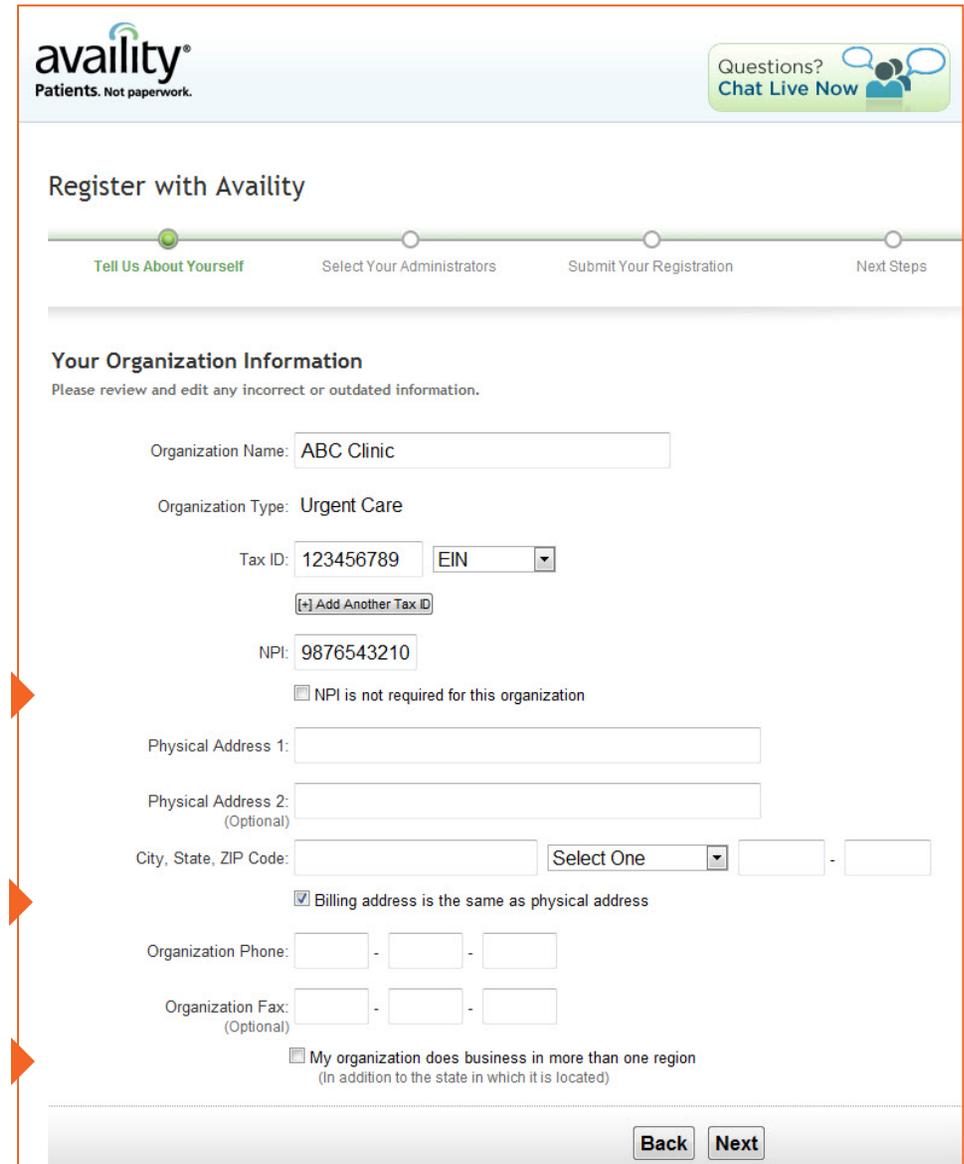
- ❖ Do NOT select the **NPI is not required for this organization** check box unless your organization is a non-health care provider that is not eligible to obtain an NPI.
- ❖ If your billing address is different than your physical address, be sure to clear the **Billing address is the same as physical address** check box and enter your billing address in the fields that display.
- ❖ If your organization is contracted to do business with payers in states other than your physical address state, select the **My organization does business in more than one region** check box, and select the appropriate regions.

Note: Before displaying the Your Organization Information page, Availity performs a search of its database to determine if your organization is already registered. If the system finds a possible match, a search results page displays. Review the results to determine if your organization is listed.

- If your organization is not listed, click **I don't see my organization**.
- If your organization is listed, select your organization and click **Next**. A message displays advising you to log in to the Availity portal to make any changes to the existing organization account. The registration process stops here.

Questions?

If you have questions during registration, and see a **Chat Live Now** button in the upper right corner of the page, you can click the button to start a live chat with an Availity Client Services representative.



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Questions?
Chat Live Now

Register with Availity

Tell Us About Yourself | Select Your Administrators | Submit Your Registration | Next Steps

Your Organization Information

Please review and edit any incorrect or outdated information.

Organization Name:

Organization Type:

Tax ID: EIN

[\[+\] Add Another Tax ID](#)

NPI:

NPI is not required for this organization

Physical Address 1:

Physical Address 2:
(Optional)

City, State, ZIP Code: -

Billing address is the same as physical address

Organization Phone: - -

Organization Fax: - -
(Optional)

My organization does business in more than one region
(In addition to the state in which it is located)

Select Your Administrators

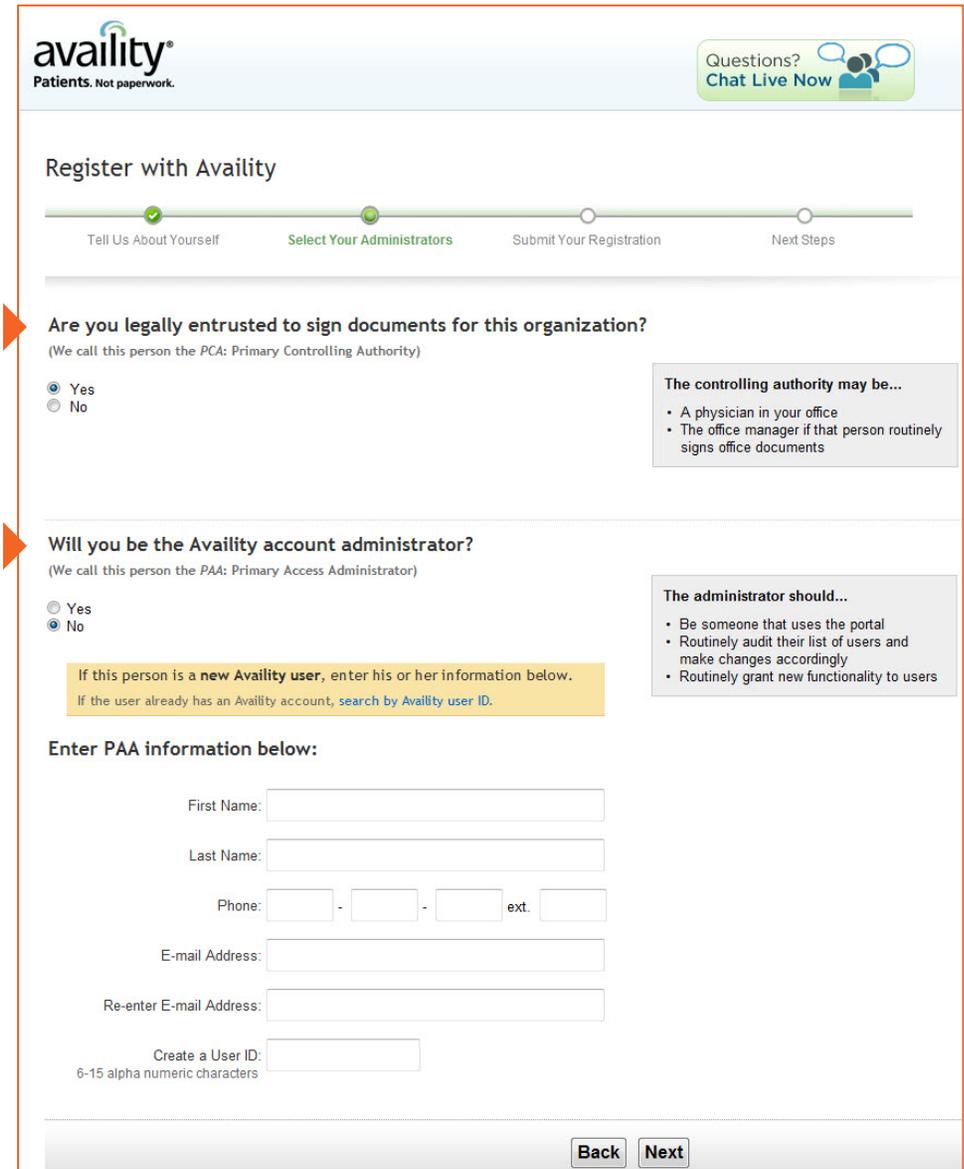
On the Select Your Administrators page, enter information for the person or persons who will be responsible for administering Availity within your organization:

- ❖ **Primary Controlling Authority (PCA)** – A person who is legally entrusted to sign documents for the organization. This person does not need an Availity user account.
- ❖ **Primary Access Administrator (PAA)** – A person who will be primarily responsible for granting Availity access to users and maintaining the organization account. This person must have an active Availity user account.

If you will be the PCA or PAA, you do not have to re-enter your personal information. The system will carry forward the information from the Tell Us About Yourself page.

If you will not be the PCA or PAA, you must enter information for the person or persons who will be performing those roles.

Note: If the PAA is an existing Availity user, be sure to search for his or her existing user ID, rather than creating a new one.



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Questions? [Chat Live Now](#)

Register with Availity

Tell Us About Yourself | **Select Your Administrators** | Submit Your Registration | Next Steps

Are you legally entrusted to sign documents for this organization?
(We call this person the PCA: Primary Controlling Authority)

Yes
 No

The controlling authority may be...

- A physician in your office
- The office manager if that person routinely signs office documents

Will you be the Availity account administrator?
(We call this person the PAA: Primary Access Administrator)

Yes
 No

The administrator should...

- Be someone that uses the portal
- Routinely audit their list of users and make changes accordingly
- Routinely grant new functionality to users

If this person is a **new Availity user**, enter his or her information below.
If the user already has an Availity account, [search by Availity user ID.](#)

Enter PAA information below:

First Name:

Last Name:

Phone: - - ext.

E-mail Address:

Re-enter E-mail Address:

Create a User ID:
6-15 alpha numeric characters

[Back](#) [Next](#)

Review and Submit Your Registration

On the Review Your Registration Information page, you can do any of the following:

- ❖ Review and edit the information you entered for the organization.

Note: You cannot change the organization type at this stage in the registration process without losing all the information entered on the Your Organization Information and Select Your Administrators pages.

- ❖ Review and edit the information you entered for the PCA and PAA.
- ❖ Print the page.

Once you are satisfied with the information you have entered, click **Submit Registration**.

Need Additional Help?

For additional help with registration, contact Availity Client Services at 1.800.AVAILITY (282.4548).

Review Your Registration Information

[Print this page](#)

Your Organization Information Edit

Organization Name: ABC Clinic

Organization Type: Urgent Care

Tax ID: 123456789 (EIN)

NPI: 1234567899

Physical Address 1: 123 Main Street

Physical Address 2:

City, State, ZIP Code: Anytown, CA 12345-1234

Billing Address 1: 123 Main Street

Billing Address 2:

City, State, ZIP Code: Anytown, CA 12345-1234

Organization Phone: (555) 555-5555

Organization Fax: (555) 555-5556

Payer Regions: California ▲▼

Administrators Edit

User First Name	User Last Name	Responsibility	E-mail Address	User ID
Shirley	Jones	Primary Controlling Authority (PCA)	sjones@abcclinic.com	scjones
Shirley	Jones	Primary Access Administrator (PAA)	sjones@abcclinic.com	scjones

Back
Submit Registration

Next Steps

On the Next Steps page, you receive an application ID and instructions on what steps to take next:

- ❖ Print the registration documents, which include:
 - **Availity Application** – The application is customized with the information you entered online, and includes the Availity user ID of the PAA.
 - **Business Associate Trading Partner Agreement (BAA)** – The BAA defines the responsibilities of both parties with regards to exchanging or accessing data including protected health information (PHI). Availity recommends but does not require providers to complete this agreement.
- ❖ The PCA must sign and date the completed application (and BAA, if applicable).
 - Another person, not otherwise named on the application, must witness the PCA signature and sign and date the application as well.
 - The dates of the PCA and the witness must match.
- ❖ Fax or mail the completed, signed application to Availity to complete the registration process (and all five pages of BAA, if applicable, not just the signature page).
- ❖ Look for the following e-mail messages from Availity:
 - **Thank You for Registering** – Sent to the PAA and PCA; includes electronic versions of the registration documents as attachments.
 - **Welcome to Availity** – Sent to the PAA once Availity has approved the registration (3-5 business days); includes the temporary password for the PAA and links to getting started documents.

Register with Availity

Next Steps...

Before your organization can be fully activated, please follow these three steps.

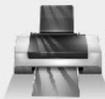
Your Application ID is 3006948. Please store this information in a safe place.

You will receive an e-mail in three to five business days containing your temporary password. Your temporary password will expire four days. If you do not receive an e-mail in five business days, please check the spam folder of your e-mail box.

If you have questions, call **1-800-AVAILITY (282.4548)**.

Step #1: Print

Print out the Availity registration documentation packet.



[Print Registration Documents](#)

Step #2: Sign



Shirley Jones (the person legally entrusted to sign documents for your organization) must read the document and sign where indicated. Completing a Business Associate Trading Partner Agreement (BAA) is optional but recommended. When submitting a BAA to Availity, be sure to return all pages of the document.

Step #3: Fax or Mail



Fax the signed document to **904.470.4770**. You can find this number, as well, on the fax cover sheet that accompanies your registration documentation.

You may instead mail the documentation to:

OR

Availity, LLC
P.O. Box 550857
Jacksonville, FL 32255-0857



Note: Mailing your documentation instead of faxing it may result in increased processing time.

Optional: Add Another Organization

If you wish to add another organization at this time, use the button below to start.



[Add Another Organization](#)

[Close](#)