

Please use the below information to enroll for electronic remits.

### EFT Payments

- Enrollment for the ACH payments with Optum Electronic Payments & Statement (EPS) at the following website: <https://myservices.optumhealthpaymentservices.com>
- Enroll for 835 (call Optum 866-367-9778 option 1) or enroll for portal lookup (call Optum Health Financial 877-309-4256.)
- Optum cannot look up PEIA EFT Payments, if a provider is saying they are missing a payment email CS's Terri Zagst and Melissa Parsons. You will get an email back with the EGX that the provider can match up with their payments.
  - Information to put in the email –
    - Claim number
    - EFT number
    - Bulk EFT amount
    - Provider name

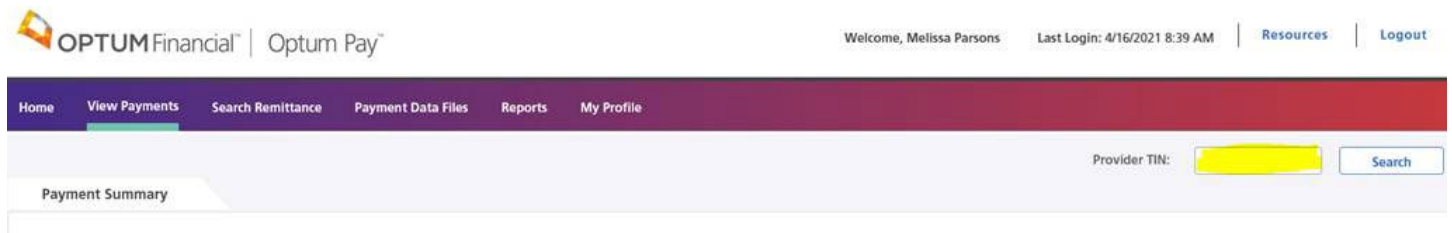
I can look up the remits while you get enrollment completed.

Please provide the tax ID used on claim submissions, the deposit amounts, and dates.

There were changes within the Optum system recently. Enroll with Optum and create a One Healthcare ID and password. Then sign in and select View Payments.



Then enter your tax id and search.



Then you will be able to view the payments that have made in the last 30, 60, 90 days...

There is a way to print the remit and then save it, instead of downloading the remit to print to avoid paying for the download feature.

When you are on the payment summary, click the Payment number:

Welcome, Melissa Parsons | Last Login: 4/27/2021 1:48 PM

OPTUM Financial | Optum Pay

Resources | Logout

Home View Payments Search Remittance Payment Data Files Reports My Profile

Provider TIN: [REDACTED]

**Payment Summary**

Status: Enrolled

Organization: [REDACTED]

Quick Search: Last 30 days

Filter Payments: Show All

Market Type: Show All

(Click on column headings to re-sort payment information)

Showing 4 Results

Payer	Payment Date	NPI	Payment Number	Proxy Number	Amount	Claim Count	ACH Trace Number	Redemption Date	Market Type	835 / EPRA	Pay PR
UMR Inc	04/26/2021	1720237720	<b>EGX42106033565</b>		\$160.86	1			Medical	835	N/A
UMR Inc	04/19/2021	1720237720	EGX41405820978		\$120.50	2			Medical	835	N/A
UMR Inc	04/13/2021	1720237720	EGX40705548651		\$482.58	2			Medical	835	N/A
UMR Inc	03/29/2021	1720237720	EGX42405909502		\$120.50	2			Medical	835	N/A

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Print Payment Summary

The next screen will look like this:

Remittance Detail

Organization: [Redacted]

Payment Date: 04/26/2021

NPI: [Redacted]

Payment Number: EGX42106033565

Payment Type: ACH

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Filter Claims [5]

Account Number	Patient Name / Patient ID			Subscriber ID / Corrected ID	Rendering Provider			Claim # / Claim Type		
Date(s) of Service	Description of Service	Amount Charged	Claim / Service Adj	Prov Adj Discount	Amount Allowed	Deduct/Coins/Copay	Paid to Provider	Adj Reason Code	RMK Code	Patient Resp
156C2PR	[Redacted]	--		[Redacted]		[Redacted]		[Redacted]		
03/29/2021 - 03/29/2021	HC:97112	\$60.00	--	-\$25.46	\$34.54	--	\$34.54	45		--
03/31/2021 - 03/31/2021	HC:97112	\$60.00	--	-\$25.46	\$34.54	--	\$34.54	45		--
03/26/2021 - 03/26/2021	HC:98941	\$75.00	--	-\$35.92	\$39.08	-\$20.00	\$19.08	3, 45		\$20.00
03/26/2021 -	HC:97112	\$60.00	--	-\$25.46	\$34.54	--	\$34.54	45		--

Total Paid to Provider: \$160.86

"--" indicates payer has not supplied this information.

In order to print the ERA, you must have Adobe Reader installed on your machine. Please download [Adobe Reader](#) if it is not installed on your



Download 835

Print Available

Return to P...


Click the print available – and then click Open:

In order to print the ERA, you must have Adobe Reader installed on your



The print screen will look like this:

Protected View: This file originated from a potentially unsafe location, and most features have been disabled to avoid potential security risks. [Enable All Features](#)



**Optum Pay**  
WELLINGTON FAMILY CHIROPRACTIC  
21 CENTRAL AVE SUITE B  
GALLUPOLIS OH 438311803

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WV TREASURY PEIA  
PO BOX 30541  
SALT LAKE CITY UT 841300541  
Phone: (888) 440-7342  
Payment Date: 04/26/2021  
TRN:\*\*\*\*\*1279  
NPI: 1720237720  
Payment Number: EQX42106033555  
Payment Amount: \$160.86

Search tools

Comment

Fill & Sign

More Tools

### Electronic Provider Remittance Advice

Account Number	Patient Name / Patient ID		Subscriber ID / Corrected ID	Rendering Provider		Claim #/Claim Type	Group Policy Number/Product Name			
Date(s) of Service	Description of Service	Amount Charged	Claim / Service Adj	Prov Adj Discount	Amount Allowed	Deduct/ Coins/ Copy	Paid to Provider	Adj Reason Code	RMK Code	Patient RMG
19603PR							21092320246			77700000
03/26/2021 - 03/26/2021	HC 98941	\$75.00	-	-\$35.92	\$39.08	-\$20.00	\$19.08	45, 3		\$20.00
03/26/2021 - 03/26/2021	HC 97112	\$60.00	-	-\$25.46	\$34.54	-	\$34.54	45		-
03/29/2021 - 03/29/2021	HC 98941	\$75.00	-	-\$35.92	\$39.08	-\$20.00	\$19.08	45, 3		\$20.00
03/29/2021 - 03/29/2021	HC 97112	\$60.00	-	-\$25.46	\$34.54	-	\$34.54	45		-
03/31/2021 - 03/31/2021	HC 98941	\$75.00	-	-\$35.92	\$39.08	-\$20.00	\$19.08	45, 3		\$20.00
03/31/2021 - 03/31/2021	HC 97112	\$60.00	-	-\$25.46	\$34.54	-	\$34.54	45		-
<b>Subtotal</b>		<b>\$405.00</b>	<b>\$0.00</b>	<b>-\$184.14</b>	<b>\$220.86</b>	<b>-\$80.00</b>	<b>\$140.86</b>			<b>\$60.00</b>

“-” indicates payer has not supplied this information.

Total Paid to Provider : \$160.86

**3 - Co-Payment Amount**  
45 - Charge exceeds fee schedule/maximum allowable or contracted/registered fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount, and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.

This payment is for medical claims processed by UMR for the WV Public Employee's Insurance Agency.

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[Start Free Trial](#)

Be sure to click the enable all features. Then print to a PDF to save to your computer and physically print if needed!

No payment needed 😊

Let me know if you have any problems and we can schedule a phone call.