Provider Portal Registration

AllCare Health encourages you to establish portal access to facilitate your office's referrals, prior authorizations, and claims processes. You will also have access to other useful information on our Provider Portal. You must complete the information below for your account to be set up. **Only one TIN per form**.

New and updated registrations forms will be reflected in their entirety on the Portal once processed. Once your request is processed, a representative from our Help Desk will contact you with instructions on how to log in and navigate our website (**https://Providers.AllCareHealth.com**).

Organization entity name_____ TIN_____

Office administrator (legal name) _____

Date of birth _____ Phone_____

Email _____

If your organization would like an additional office administrator, please complete:

Office administrator (legal name) _____ DOB_____

Job Title _____ Phone_____

Email _____

In order to verify your registration request, please provide at least one, and up to four, associated Billing NPIs for your organization.

Vendor/Organization entity name	NPI number	Vendor/Organization entity name	NPI number

By completing this form you attest that:

a. Each vendor/organization NPI number for whom you identified is a legally associated entity or subject to a valid business associate agreement with your entity;

b. The organization entity name and office administrator name provided is the legal name as it appears on valid government issued identification;

c. You have confirmed the individual does not appear on the OIG LEIE or GSA SAM as an excluded individual;

d. Your organization entity name maintains and enforces HIPAA privacy and security policies including, but not limited to, minimum necessary requirements; and

e. You have the authority, on behalf of the organization entity name, to enter into this agreement.

Print name_____ Phone _____

Signature_____ Date _____

Please fax completed form to AllCare Health Provider Services at (541) 955-3230.

Certified B Corporation

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