



Web Portal Registration Form

Fax completed form to **1-320-335-5285**.

Call the Provider Services Contact Center at **1-866-431-0802** (toll free) with questions.

Date _____

Enter your facility information below. If you bill for multiple facilities, list them all to prevent multiple passwords.

Facility Name	Facility Address	Facility NPI or UMPI #	Facility Tax ID #

Provider Administrative User name (first and last names)

(This person will have the ability to set up other users at your facility)

Provider Administrative User email address*

Provider Administrative User phone number

*User name and password will be emailed to the address provided.