



# Web Portal Registration Form

Please type the requested information.

Fax the completed form to PrimeWest Health at **1-320-762-1805** or click *Submit* below.

If you have questions, call the Provider Contact Center at **1-866-431-0802** (toll free) and select Option #1.

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 #

If you are a billing organization/third party, you must obtain web portal access from your client.

Provider Administrative User name (first and last name) \_\_\_\_\_  
(This person will have the ability to set up other users at your facility.)

Provider Administrative User title and department \_\_\_\_\_

Provider Administrative User email address\* \_\_\_\_\_

Provider Administrative User phone number \_\_\_\_\_

Special instructions \_\_\_\_\_

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

**Note:** Forms must be downloaded before they can be completed and submitted. To download a form, right-click on the name of the form, choose "Save target as" or "Save link as," select a folder on your computer, and click the "Save" button. After the form has finished downloading, navigate to the folder it was saved to and double-click it to open it in Adobe Reader. **Clicking the submit button from your web browser does not submit the form, it must be downloaded and opened with Adobe Acrobat or Adobe Reader to use that function.**