

# Self-Registration Guide

Member and Provider users can self-register for the portal by completing the following steps:

## STEP 1

- Select Registration Type as **Provider** or **Member**.
- Click the **Next** button.

**USER SELF-REGISTRATION**  
- Please complete all requested information. For help click [here](#).

1) SELECT REGISTRATION TYPE:   
Member  
Provider

Next

## Step 2

### For Providers:

- Enter a valid email into the field labeled **Email**.
- Enter the tax identification number(s) for requested access into the field labeled **Please Enter the Tax#'s**. (If there are multiple, list all that are applicable.)
- Click the **Find** button and choose all necessary organization(s) from the drop down list. The organization name will be displayed along with the Tax and NPI numbers. To remove any selection, click the **X** to the right of the organization's name. During the selection process, click **Find** at any time to display the list. The drop down list will highlight the already selected organizations.

**2) PROVIDER REGISTRATION**

Email

PLEASE ENTER THE TAX #'s (EIN's) FOR REQUESTED ACCESS (comma-delimited):  
 **Find**

SELECT THE ORGANIZATIONS - TAX# - NPI BELOW FOR REQUESTED ACCESS:  
 **Clear**

Next

PLEASE ENTER THE TAX #'s (EIN's) FOR REQUESTED ACCESS (comma-delimited):  
939312686, 931285415 **Find**

SELECT THE ORGANIZATIONS - TAX# - NPI BELOW FOR REQUESTED ACCESS:  
 **Clear**

Demo Submitter - 931285415 - 3115285399  
Smith, Scott E. DC - 939312686 - 8539126153

Next

PLEASE ENTER THE TAX #'s (EIN's) FOR REQUESTED ACCESS (comma-delimited):  
939312686, 931285415 **Find**

SELECT THE ORGANIZATIONS - TAX# - NPI BELOW FOR REQUESTED ACCESS:  
Demo Submitter - 931285415 - 3115285399 X **Clear**

Next

### For Members:

- Enter a valid email into the field labeled **Email**.
- Enter the member's identification number that has been assigned by the plan. It should be on the member insurance card.
- Enter the member's **Birth Date** (mm/dd/yyyy) and the **Zip Code**. These must match the health plan's records in order to grant access.
- Click the **Next** button to continue.

**2) MEMBER REGISTRATION**

Email	Member ID	DOB (mm/dd/yyyy)	Zip Code
<input type="text" value="member@health.com"/>	<input type="text" value="YPK905Y"/>	<input type="text" value="03/25/1955"/>	<input type="text" value="97654"/>

Next

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## Step 3

### For Providers:

- **Note:** The required fields are highlighted in yellow
- Enter the Last Name, First Name and middle initial in the corresponding fields.
- Enter the Address, City, State, Zip Code, Phone Number and fax number into the corresponding fields.
- Click the **Next** button.

3) PERSONAL INFORMATION

Last: (Required) First: (Required) Middle:

Address: City: State: Zip Code:

Phone: Fax:

Next

### For Members:

- For members, the data fields in Step 3 will auto fill with the member's contact information as recorded in the health plan's eligibility record.
- Review the data for accuracy and make corrections where necessary.
  - Please note that updating information during registration for the member web portal will not retroactively update the health plan's eligibility record. If you notice an error, contact the health plan directly to correct the eligibility record.
- Click the **Next** button.

3) PERSONAL INFORMATION

Last: (Required) First: (Required) Middle:

Address: City: State: Zip Code:

Phone: Fax:

Next

## Step 4

### This step is the same for both providers and members.

- The required fields are highlighted.
- Enter a Username or select the option to Use Email as the username (preferred) in the **Username** field. User names are unique.
- Enter a password into the **Password** and **Confirm Password** fields.
  - The password must be at least 8 characters long and contain uppercase and lowercase letters, numbers, and special characters.
- Read the **Terms of Use Agreement** and check the box to indicate agreement. A user must agree to the Terms in order to continue.
- Click the **Next** button.
  - At this point, if the entered user name already exists, the entered passwords do not match, or if you have not indicated agreement with the *Terms of Use Agreement* the system will prompt you to correct these issues / errors.

4) LOGIN SETTINGS

Username  Use Email Password Password Strength Confirm Password

provider@domain.com ..... Good ? .....

I have read the Terms of Use Agreement

Login

Registration complete! Your request has been received and will be reviewed by our administrative staff. You will receive an email when your account is activated. Thank you for registering to use our Healthcare Portal

Upon successful registration **for providers**, an email will be delivered to the specified email address indicating the account is under review by a portal administrator. A second notification will be sent to the provided email once the account is approved and activated.

Upon successful registration **for members**, an email confirming registration will be delivered to the specified email address. The member has immediate access to the portal account.