



Provider Portal Access Request Form

**Please type your information directly into the form prior to printing. **

Name of Provider(s) or Practice(s):				
Tax ID Number(s):		NPI Number(s):		
Mailing Address (Include Full Practice Name & Suite Number):				
Phone:		Fax:		
User Accounts Requested (Username: 6-10 characters only. No Special characters *,%# or spaces):				
	User 1	User 2	User 3	User 4
Name (First & Last)				
Email Address				
Title AND Workforce or Business Associate*				
Desired Username				
The following Hill Physicians eSolutions are included in this access request (unless otherwise specified): <ul style="list-style-type: none"> • Inquiry/Provider and Practice Resources 				
Please indicate your desire for access to other Hill Physicians eSolutions. <i>You will be contacted if further information and/or discussion is required.</i>				
<input type="checkbox"/> HillMetrics <input type="checkbox"/> eEOB (Electronic explanation of benefits) <input type="checkbox"/> eFT (Electronic Funds Transfer) <input type="checkbox"/> eRA (835file)				
<i>*Business Associates must also complete the Business Associate Release Form before access is granted.</i>				
Access for eAuthorizations Submissions (HillLink)				
Existing users: HillLink practices <ul style="list-style-type: none"> • Contact your site administrator to add or remove users. • Refer to the Quick Start Guide on HillLink for instructions 				
New Practices: <ul style="list-style-type: none"> • A HillLink Site Agreement is required. Reach out to your Practice Support Advisor (PSA) for further information. 				

I authorize the above Users to access the data in the Provider Portal that is associated with my NPI and TIN and as specified above. I also affirm that I have received a signed Business Associate Agreement from any User who is not a workforce member of the practice.

Provider Name (must match name associated with above NPI and TIN): _____

Provider Signature and Date: _____

Complete this form and fax to your Practice Support Advisor

East Bay, San Francisco, Solano: (925) 743-9492

Sacramento: (916) 286-7096; San Joaquin: (209) 762-5092

If you have any questions, email us

ProviderPortalSupport@hpmg.com