# Provider Portal Access Request Form

Please type your information directly into the form prior to submitting. All resources (e.g. Claims and Eligibility) available on the Provider Portal are included in this access request.

Hill Physicians

## PRACTICE INFORMATION

| Name of Provider(s) / Practice(s) or Facility: | | | | Tax ID Number(s) (TIN): | |
|---|---|---|---|---|---|
| Street Address: | City: | State: | Zip: | Phone: | Fax: |

## USER 1

| First & Last Name: | Email Address: | Job Title: | If Physician, provide NPI: |
|---|---|---|---|
| Please mark the additional applications you want access to:<br>☐ Hill*Metrics* ☐ eEOB (electronic explanation of benefits) ☐ eFT (electronic funds transfer) ☐ eRA (835 file) | | | |
| *Is user a third-party business associate?<br>☐ Yes ☐ No | Has the user previously had Provider Portal access with another practice?<br>☐ Yes ☐ No If yes, answer boxes **A, B, C** | **Box A:** Existing Portal Username: | **Box B:** Does TIN(s) affiliation need to be removed?<br>☐ Yes ☐ No | **Box C:** If so, provide TIN(s)**: |

*** Third-Party Business Associates must also complete the Third-Party Business Associate Release Form before access is granted.**
**** If unknown, all other TINs will be deactivated.**

**For access to eAuthorization submission (Hill*Link*):**

- If your practice already has a Hill*Link* Site Agreement, contact your site administrator to add or remove users. Refer to the Quick Start Guide on Hill*Link* for instructions.

☐ **Check this box if you are a new practice.** A Hill*Link* Site Agreement will need to be completed. Your Practice Support Advisor will reach out to you with more details

## USER 2

| First & Last Name: | Email Address: | Job Title: | If Physician, provide NPI: |
|---|---|---|---|
| Please mark the additional applications you want access to:<br>☐ Hill*Metrics* ☐ eEOB (electronic explanation of benefits) ☐ eFT (electronic funds transfer) ☐ eRA (835 file) | | | |
| *Is user a third-party business associate?<br>☐ Yes ☐ No | Has the user previously had Provider Portal access with another practice?<br>☐ Yes ☐ No If yes, answer boxes **A, B, C** | **Box A:** Existing Portal Username: | **Box B:** Does TIN(s) affiliation need to be removed?<br>☐ Yes ☐ No | **Box C:** If so, provide TIN(s)**: |

*** Third-Party Business Associates must also complete the Third-Party Business Associate Release Form before access is granted.**
**** If unknown, all other TINs will be deactivated.**

**For access to eAuthorization submission (Hill*Link*):**

- If your practice already has a Hill*Link* Site Agreement, contact your site administrator to add or remove users. Refer to the Quick Start Guide on Hill*Link* for instructions.

☐ **Check this box if you are a new practice.** A Hill*Link* Site Agreement will need to be completed. Your Practice Support Advisor will reach out to you with more details

## SIGNATURE

| I authorize the above user(s) to access the data in the Provider Portal that is associated with the TIN as specified above. I also affirm that I have received a signed Third-Party Business Associate Agreement from any user who is not a workforce member of the practice. | |
|---|---|
| Provider/Authorized Signer Name (please print) (must match name associated with above TIN) | |
| Provider/Authorized Signer Signature: | Date: |

**COMPLETE THIS FORM AND EMAIL TO providerportalsupport@hpmg.com OR FAX TO ONE OF THE NUMBERS BELOW.**

Bay Region (East Bay, San Francisco, Solano): **(925) 743-9492** Sacramento Region: **(916) 286-7096** San Joaquin Region: **(209) 762-5092**

**For questions, email providerportalsupport@hpmg.com.**