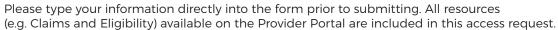
Provider Portal Access Request Form





PRACTICE INFORMATION

Name of Provider(s) / Practice(s) or Facility:			Tax ID Number(s) (TIN):		
Street Address:	City:	State: Zip: Pho		: Fa	IX:
USER 1					
First & Last Name:		Email Address:		Job Title:	If Physician, provide NPI:
Please mark the additional applications you want access to: Hill Metrics					
*Is user a third-party business associate?	Has the user previously had Provider Portal access with another practice?	Box A: Existing Portal Username:		Box B: Does TIN(s affiliation need to be removed?	·
Yes No	Yes No If yes, answer boxes A, B, C			☐ Yes ☐ No	
* 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 (HillLink): • If your practice already has a HillLink Site Agreement, contact your site administrator to add or remove users. Refer to the Quick Start Guide on HillLink for instructions. — Check this box if you are a new practice. A HillLink 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: HillMetrics eEOB (electronic explanation of benefits) eFT (electronic funds transfer) eRA (835 file)					
*Is user a third-party business associate?	Has the user previously had Provider Portal access with another practice?	Box A: Existing Portal User	name:	Box B: Does TIN(s affiliation need to be removed?	·
Yes No	Yes No If yes, answer boxes A, B, C			☐ Yes ☐ No	
* 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 (HillLink): If your practice already has a HillLink Site Agreement, contact your site administrator to add or remove users. Refer to the Quick Start Guide on HillLink for instructions. Check this box if you are a new practice. A HillLink 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