



## Provider Portal User Administrator Application

Using the provider portal is a requirement for doing business with AllWays Health Partners. Each provider site must have a designated User Administrator. Complete applications should be sent to [prweb@allwayshealth.org](mailto:prweb@allwayshealth.org) or faxed to 617-526-1915.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group's National Provider Identifier (NPI): \_\_\_\_\_

I acknowledge having read the provider portal Terms of Use.

Your Signature: \_\_\_\_\_

Name of Approving Executive: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

I acknowledge having read the provider portal Terms of Use and approve of the above referenced individual's appointment as the User Administrator to manage account access for all employees affiliated with this specific group NPI.

### For AllWays Health Partners Use Only

Approval date: \_\_\_\_\_

Other User Administrator for this entity: \_\_\_\_\_