

## Site Portal Administrator Registration Form

Access to the online provider portal is only available to contracted providers and their staff. By completing this form, you are requesting to be a Site Portal Administrator for the provider portal with the Tax ID Number(s) noted below.

The Site Portal Administrator will have the ability to perform the following functions:

- Create or disable a User Account (including any billing service you may use)
- Change or update a User Account
- Change or re-set an account password
- Assign permission for each User Account
- View and change any account under the associated entity (Tax ID)

A maximum of two (2) Site Portal Administrators are allowed per Provider of Group Practice. Please complete this form and send it to [portalenrollment@agilonhealth.com](mailto:portalenrollment@agilonhealth.com)

### Step 1: Provider Information

Provider Name: _____			
Group Name: _____			
Contract Affiliation:			
<b>California</b>	CalCare IPA	First Choice Medical Group	Sequoia Health IPA
	LAMC	Vantage Med. Group – IE	Vantage Med. Group – SD
<b>Ohio</b>	Akron	Columbus	
<b>Texas</b>	Austin		
Primary Practice Address: _____			
Contact Name: _____		Email: _____	
Telephone #: _____		Fax #: _____	

### Step 2: Tax ID Number(s) –

Please provide the Tax ID Number(s) and the associated practice name(s) that you are requesting on-line access to

Tax ID Number	Group / Office Name(s)

### Step 3: Designation of Site Portal Administrator

Please provide the information for the practice resource(s) that you are designating as the Site Portal Administrator.

Name	Title	email	Phone	Billing Company / MSO?

### Step 4: Provider Authorization

By signing, you agree that you have the legal authority to authorize the above user(s) to access the Provider Portal for the entities stated above. You agree that all authorized users will abide by the Confidentiality Policy, Federal and State regulations applicable to patient privacy and confidentiality. Any violations of these policies, regulations or requirements may result in loss of access to the Provider Portal. The violations may also be reported to the proper Federal and State regulatory agencies.

Provider / Group Authorized Rep: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Step 5: Send the completed form for processing to:

Please return the completed and signed form to :

Email: [portalenrollment@agilonhealth.com](mailto:portalenrollment@agilonhealth.com)

Fax: **209-294-1360**

Upon receipt of this form, all information will be verified and Site Portal Administrator user account will be created. The Administrator(s) will be contacted via the email(s) provided with a temporary password. The Site Portal Administrator will then create the User IDs for appropriate practice staff to access information for the approved Tax IDs. The Site Portal Administrator reference guide is available on the Portal.

If you need assistance with completing this form, please contact your **Provider Network Coordinator** directly or the **Provider Portal Support** line at **877-875-7329**, which is **toll-free Monday through Friday 8am-5pm** (Pacific Standard Time), **or 9am-5pm** (Eastern Standard Time).