

Please complete all of the steps listed below to register your organization for *HPHConnect*.

Step 1: Provide the following required information. All fields are required except as noted.

Organization Name <i>(as registered in HPHConnect)</i>		Contact Name	
Mailing Address 1		Contact Title	
Mailing Address 2 <i>(if applicable)</i>		Contact Phone	
City, State, Zip Code		Contact Fax	
Tax Identification Number(s)		Contact Email	
Is this a new request? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is this an update to an existing account? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Step 2: Respond to the following questions and proceed as indicated:

ARE YOU A BILLING AGENCY? YES NO

If	Then
Yes	<ul style="list-style-type: none"> Complete and submit an <i>Identification of Third Party Representative Form</i> for <u>each</u> entity or organization for which you are requesting access in <i>HPHConnect</i>. Go to Step 3.
No	Continue to Step 2, Part B .

DO YOU REQUIRE ACCESS TO ALL PROVIDERS ON THE TIN(S) LISTED ABOVE? YES NO

If	Then
Yes	Go to Step 4 .
No	Continue to Step 3 to supply the information of the providers for which you require access.

ARE YOU A CLINICIAN REQUESTING ACCESS TO YOUR OWN DATA? YES NO

If	Then
Yes	<ul style="list-style-type: none"> Enter your NPI: _____ Go to Step 4.
No	Go to Step 3 .

Step 3:

IF YOU ARE A BILLING AGENCY, OR YOU HAVE INDICATED YOU ARE REQUESTING ACCESS TO A SUBSET OF PROVIDERS WITHIN THE TIN(S) REPORTED ON PAGE ONE:

- Please provide the TIN, provider name and NPI for those individual providers or organizations for which you are requesting access.
- If you have more than 5 providers or organizations please attach an excel spreadsheet. The spreadsheet should contain the same information as requested below.

* Tax ID(s) for provider(s) you represent	* Provider / Practice / Facility Name	* NPI

* Indicates a required field

Step 4: Please be sure you have completed the entire HPHConnect registration process:

- Downloaded the registration instructions and documentation including the *Identification of Third Party Representative Form* and *Privacy and Security Agreement* available at www.harvardpilgrim.org/providers.
- Completed the online registration.
- Fax your completed HPHConnect registration documents to **866-884-3844** or email attachments to Provider_eBusiness_Services@harvardpilgrim.org.

Required registration documents include:

If your provider organization is	Then, this is required
Contracted	1. A completed <i>HPHConnect for Providers Enrollment Form</i> 2. Signed and completed <i>User Agreement(s)</i> for all Users registered and not yet confirmed: pages 2 and 3
Non-Contracted	1. Signed <i>Privacy and Security Agreement</i> : pages 1 through 6 2. A completed <i>HPHConnect for Providers Enrollment Form</i> 3. Signed and completed <i>User Agreement(s)</i> for all Users registered and not yet confirmed: pages 2 and 3
Billing Agencies and Third Party Representatives	1. Signed <i>Privacy and Security Agreement</i> : pages 1 through 6 2. A completed <i>HPHConnect for Providers Enrollment Form</i> 3. Signed and completed <i>User Agreement(s)</i> for all Users registered and not yet confirmed: pages 2 and 3 4. <i>Identification of Third Party Representative Form</i> (if applicable)