



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 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: _____