



Network Medical Management

Web Portal Account Registration Form

- Allied Pacific IPA (APC / APIPA)
 Advantage Health Network (ADV)
 Adventist Health Physicians Network (GAMC / WMMC)
 Alliance Health Systems (AHS)
 Arroyo Vista Family Health Center (AVISTA)
 Citrus Valley IPA (CVIPA)
 Greater Orange Medical Group (GOM)
 Greater San Gabriel Valley Physicians (GSGP)
 Other: _____

*Please fill out all required entries and fax completed form to: (626) 943-6350	
*Vendor/Group Name:	*Vendor/Tax ID:
*Primary Office Contact/Manager:	Group NPI (if applicable):
*Contact Phone Number (with Extension):	Office E-Mail Address:
*Best Time to Contact:	Web Portal User ID (if applicable):

*Please list all physicians affiliated under this vendor/group (attach additional sheets if required)			
Provider Name	NPI	Provider Name	NPI
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**What areas of the Web Portal will your office need access to?

Eligibility

View

Authorizations

View

Submit

Claims

View

Submit

(**Please note that approval for portal access is granted based on individual IPA policies**)

Will your office be authorizing an outside biller to access the data noted above? Yes No

If yes, please note the outside billing company's information below:

Billing Company:	Billing Contact Person:
Biller Phone Number:	Best Time to Contact:

Manager Signature: _____ Print Name: _____ Date: _____

Physician Signature: _____ Print Name: _____ Date: _____