



2090 Columbiana Road  
 Suite 4000  
 Birmingham, Alabama 35216  
 800-834-2420

**NAPHCARE PROVIDER PORTAL ACCESS FORM**

**Business Entity:** \_\_\_\_\_

**Federal Tax Identification Number (only one per form):** \_\_\_\_\_

**Vendor/Health Organization NPI:** \_\_\_\_\_ (if only one)

**For multiple Vendor/Health Organization NPI's list all applicable NPI's below:**


**Include All Provider NPI's for this TID?**     Yes     No    **If no, include only provider NPI's listed below:**


**AUTHORIZED USERS:**

Name	Phone Number	Email Address

I understand that I may not use a NaphCare, Inc. password to access Provider Portal without prior authorization. I understand that any password I am authorized to use to access Provider Portal is "on loan" from NaphCare, Inc. and is at all times considered NaphCare, Inc. property. I agree to use any password I am given access to only for the specific purpose for which I have been given authorization. NaphCare, Inc. reserves the right to deny access to any individual for any reason and reserves the right to remove access to Provider Portal if such system is abused.

The individual signing below hereby represents and warrants that he/she is duly authorized to execute and deliver this NaphCare Provider Access Form on behalf of the Vendor referenced hereinabove, and that this Access Form is binding upon Vendor in accordance with its terms.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

Please submit the completed form to:

**Email:** [provider.portal@naphcare.com](mailto:provider.portal@naphcare.com) or **Fax:** 205-545-9470