



# AAA PatientCONNECT™

## Portal Enrollment Form

PHONE: 1-844-638-7222 • FAX: 1-844-638-7329

\*Indicates Required Field

### PRACTICE/PREScriBER INFORMATION

*Practice Name:			
<b>*Ordering Prescriber Name:</b>			
*Licensure Type:    Physician    Physician Assistant    Nurse Practitioner			
*Specialty:			
*Office Address:			
*City:		*State:	*Zip:
*Office Phone:		*Office Fax:	
*Prescriber NPI #:	*State License #:	*Tax ID #:	
<input type="checkbox"/> Check this box to request AAA PatientCONNECT™ portal access for Prescriber.			
*Email:		*Prescriber's Signature:	
<small>Prescribers requesting portal access please sign within the border of the box to process this request. Your signature will be securely stored on the Portal and accessible only to you through the use of your login and password. You will be able to use this electronic signature to process your orders through the portal.</small>			
<b>*Ordering Prescriber Name:</b>			
*Licensure Type:    Physician    Physician Assistant    Nurse Practitioner			
*Specialty:			
*Office Address:			
*City:		*State:	*Zip:
*Office Phone:		*Office Fax:	
*Prescriber NPI #:	*State License #:	*Tax ID #:	
<input type="checkbox"/> Check this box to request AAA PatientCONNECT™ portal access for Prescriber.			
*Email:		*Prescriber's Signature:	
<small>Prescribers requesting portal access please sign within the border of the box to process this request. Your signature will be securely stored on the Portal and accessible only to you through the use of your login and password. You will be able to use this electronic signature to process your orders through the portal.</small>			

### SITE OF TREATMENT INFORMATION

*Administering Facility:		Hospital Outpatient	Free Standing / Physician Office
*Facility Address:			
*City:		*State:	*Zip:
*Facility Phone:		*Facility Fax:	
*Facility NPI #:	*Tax ID #:	*PTAN #:	

**REMINDER: You must sign the Facility/Practice Consent on page 2 to begin the enrollment process.**

**FACILITY/PRACTICE CONSENT**

The Facility/Prescriber/Practice hereby authorizes eMAX Health PAC, the service provider of AAA PatientCONNECT™, to use the NPI (National Provider Identifier), Taxpayer ID and PTAN numbers on their behalf to determine Health Plan eligibility, perform benefit verification, and provide prior authorization and appeals assistance. AAA PatientCONNECT's™ use of the NPI, Taxpayer ID and PTAN numbers shall be limited to only those services. AAA PatientCONNECT™ must obtain written authorization from the facility for use outside of the services identified above.

By signing this Agreement, I represent and warrant that I am duly authorized and have legal capacity to execute and deliver this Agreement.

*Printed Name:	*Signature:
*Title:	
Check this box to request AAA PatientCONNECT™ portal access.	
*Email:	

**ADMINISTRATIVE USERS**

<b>*Primary Administrative User:</b>	Treatment Facility	Prescriber Office
*Name:		
*Office Phone:	Ext:	Mobile Phone:
Fax Number:	*Email:	
<b>*Secondary Administrative User:</b>	Treatment Facility	Prescriber Office
*Name:		
*Office Phone:	Ext:	Mobile Phone:
Fax Number:	*Email:	
Each administrator will receive an email invitation to set their unique password and enter the portal. Once they have access, they are responsible to add additional users and delete inactive users as needed.		

**ADDITIONAL USERS**

<b>*User:</b>	Treatment Facility	Prescriber Office
*Name:		
*Office Phone:	Ext:	Mobile Phone:
Fax Number:	*Email:	
*User can see only patients for Prescriber(s):		
<b>*User:</b>	Treatment Facility	Prescriber Office
*Name:		
*Office Phone:	Ext:	Mobile Phone:
Fax Number:	*Email:	
*User can see only patients for Prescriber(s):		
<b>*User:</b>	Treatment Facility	Prescriber Office
*Name:		
*Office Phone:	Ext:	Mobile Phone:
Fax Number:	*Email:	
*User can see only patients for Prescriber(s):		
<b>*User:</b>	Treatment Facility	Prescriber Office
*Name:		
*Office Phone:	Ext:	Mobile Phone:
Fax Number:	*Email:	
*User can see only patients for Prescriber(s):		