

# Providers Portal Access Request Form Instructions

## Purpose

The purpose of this document is to provide step-by-step instructions on submitting the new *Electronic Provider Portal Access Request Form*.

The form is accessible via the private BayCare Providers Portal Website located at: <https://baycare1.sharepoint.com/sites/PhysicianPortal>

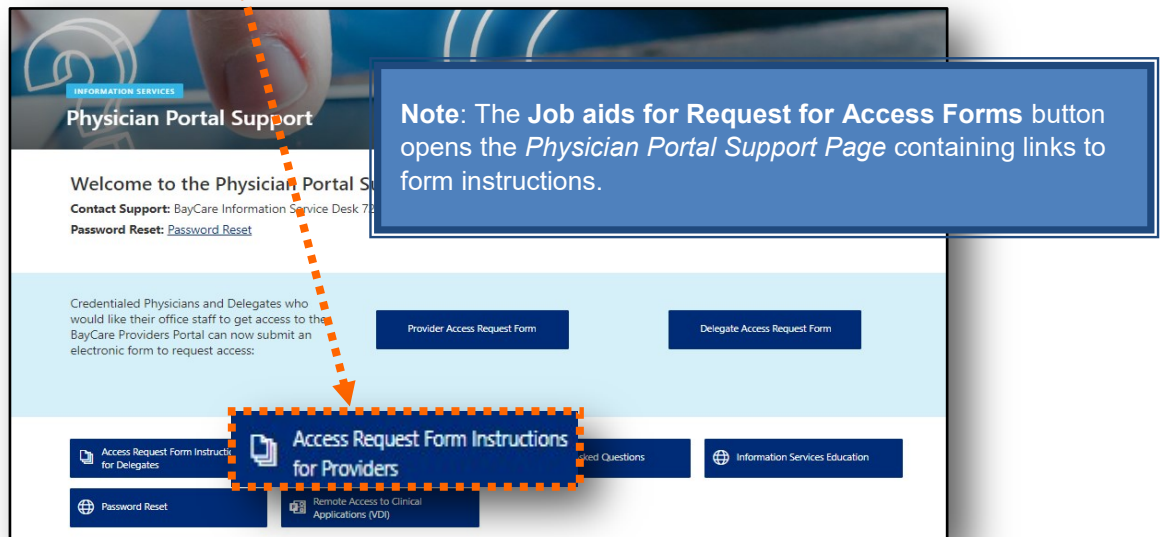
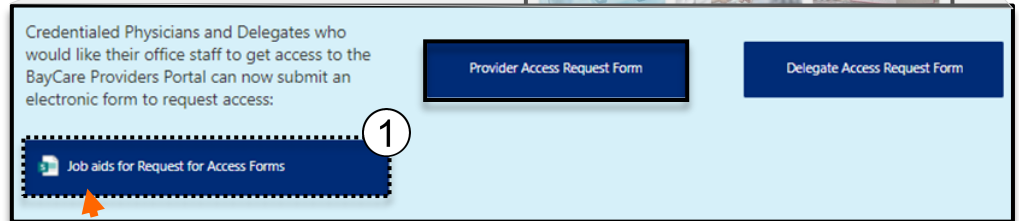
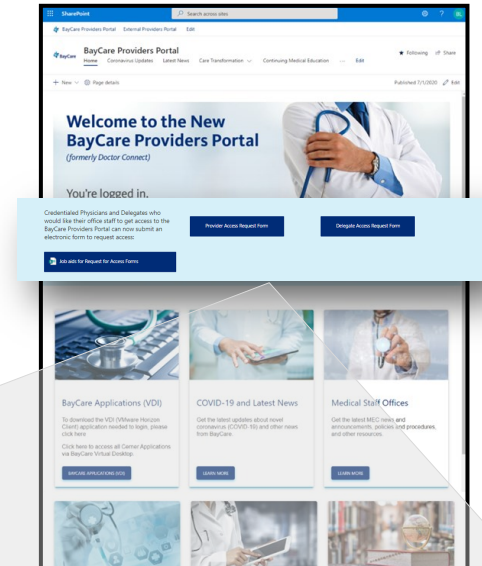
**Note:** If prompted to log in, use your **BayCare (BayCareID@BayCare.org)** and **Password**.

## Notes:

- The Provider or their existing delegates must be logged into the portal to access the form. Physician approval is required.
- Each Office Staff member must have a unique BayCare ID for **each practice** they work for.

From the *Providers Portal Home Page*,

1. Click the **Provider Access Request Form** button.



The *Request for Access* form displays.

**Complete all appropriate fields.** Fields with a red asterisk are required and must be completed before submitting the form.

Practice Name: \*

- To add a user click **New User: This is a new Office Staff account** from the *Account Action* drop-down menu.
- If you wish to make this new user a Delegate, check the **Make this user a Delegate** check box.

**Note:** The *Make this user a Delegate* is available for all Account Actions except Termination.

- Enter a **5-Digit PIN** for this new user.

Account PIN: \*

**\*\*Provide a 5 Digit PIN for account verification**

- Sign and Date** the form.

- Click the **Submit** button.

The submitting provider will receive an email from *Access Request Form* acknowledging the submission.

Your Office Staff will receive an E-mail from *DocuSign* to the E-mail address provided on this form. The Office Staff must read and electronically sign the Confidentiality Agreement before their account can be created.

**Note:** The account will be created within 24 hours of receipt of the signed Confidentially Agreement.

