

Healthfirst Provider Portal

Account Creation Guide



Getting Started

Thank you for being an integral part of the Healthfirst provider network. This guide will help you create an account on the Healthfirst Provider Portal at **HFProviderPortal.org**, giving you convenient access to the tools and resources you need to give our members the best care.

PLEASE NOTE: All providers will be required to register a unique account on the portal. Any previous provider portal usernames will not be valid.

If you have any questions or need additional assistance, our dedicated Provider Services team is here for you. Please contact them at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

All screen images contained herein are current as of **9/17/18** and subject to change.

Healthfirst is the brand name used for products and services provided by one or more of the Healthfirst group of affiliated companies.

Accessing the Portal

Access the Healthfirst Provider Portal 24/7 at HFProviderPortal.org.

Registration

Nealthfirst
Provider Secure Login
Welcome to the Healthfirst Provider Portal Now it's easier than over to access the tools and resources you need 24 hours a day, 7 days a week. If you're new to the portal, click below need set. All current account holder most re-register in order to use the new portal. New User Registration
Returning User Login Username Pessword Forgot Username/Password? Please click here. Login
Privacy Restrictions: You are only allowed to use this portal to access information related to your job. All users within a provider office are required to follow HIRA and all minimum encessary requirements. Use will be monitored on a periodic basis to ensure that files unrelated to your role are not accessaf. Fallute to adhren to company policies regarding impermissible use of disclosure of protected health information could head to access. termination or other appropriate action.
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1 To begin the registration process, visit **HFProviderPortal.org** and click **New User Registration**.



2 Please read the License Agreement carefully, including the privacy statement highlighted in red, and select **Accept** and **Agree**.

Registration (continued)

	Nhealth first				
	Registration				
	Provider Registration Thank you for taking the time to register. This process neige keep our portal secure.				
	Go Back Submitter First Name*				
	Submitter Last Name*				
	Primary Contact Phone*				
	Primary Contact Email Address*				
	xxxxxxxx Claim Number*				
ontinue ——	Must be a claim paid within the last 180 days. Continue Continue Canodi Up nest: Create Login Creaternias; thing 2 of 4)				
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	3 Enter the requested information and click Continue after each step.				
PLEASE NOTE: Each provider and staff member should register their own account credentials. Usernames must be unique and not previously used on any Healthfirst Provider Portal.					
	Additionally, the Claim Number must be from a claim paid within the past 180 days.				

The submitter's name should be the name of the person completing the registration.

	Nhealth first			
	Registration			
	C C	Go Back		
	Us	ername *		
	AS Po	current account holders must create a new username rtal Email Address*		
		unform Destal Email Arbitrasce		
	-			
	Pa	ssword *		
		onfirm Password *		
		Password requires at least. 8 characters 1 letter		
	:	1 special character1#\$365*8~*\?/		
	se	curity Question 1*		
		Select Question •		
	Se	curity Question 2*		
		Select Question •		
	Se	curity Question 3*		
		select Question •		
Continue —	o	Continue Cancel		
	υp	next: Select Provider Role (step 3 of 4)		
	© 2018 Healthfirst, Inc. All Rights Reserved Web Privacy Statement Privacy	24 miles		
	Registration		Registration	
			Go Back	
	Go Back		Submitter First Name: Submitter Last Name:	
	Provider Type *		Submitter E-Mail Address Contact Phone:	
			TIN: Username:	
Continue —	Continue Cancel	Continue	Continue Cancel	
	Up next: Review (step 4 of 4)		Everything looking good?	

Core Functions



