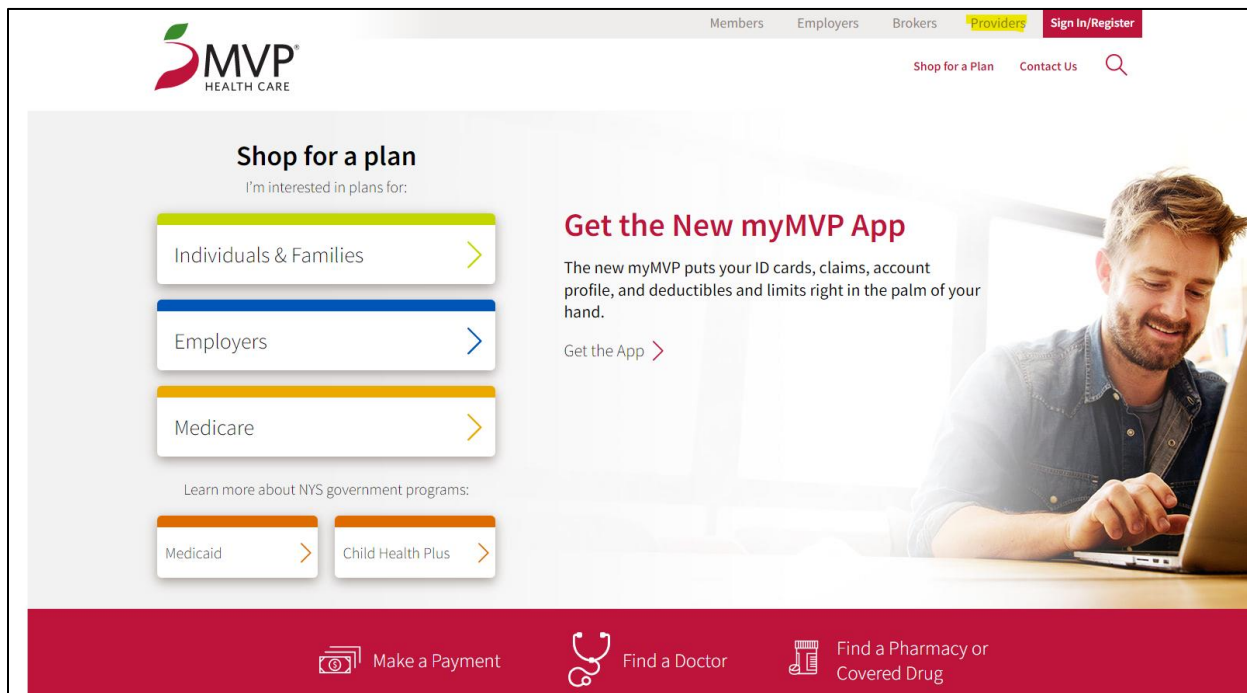


Setting Up Your MVP Online Account

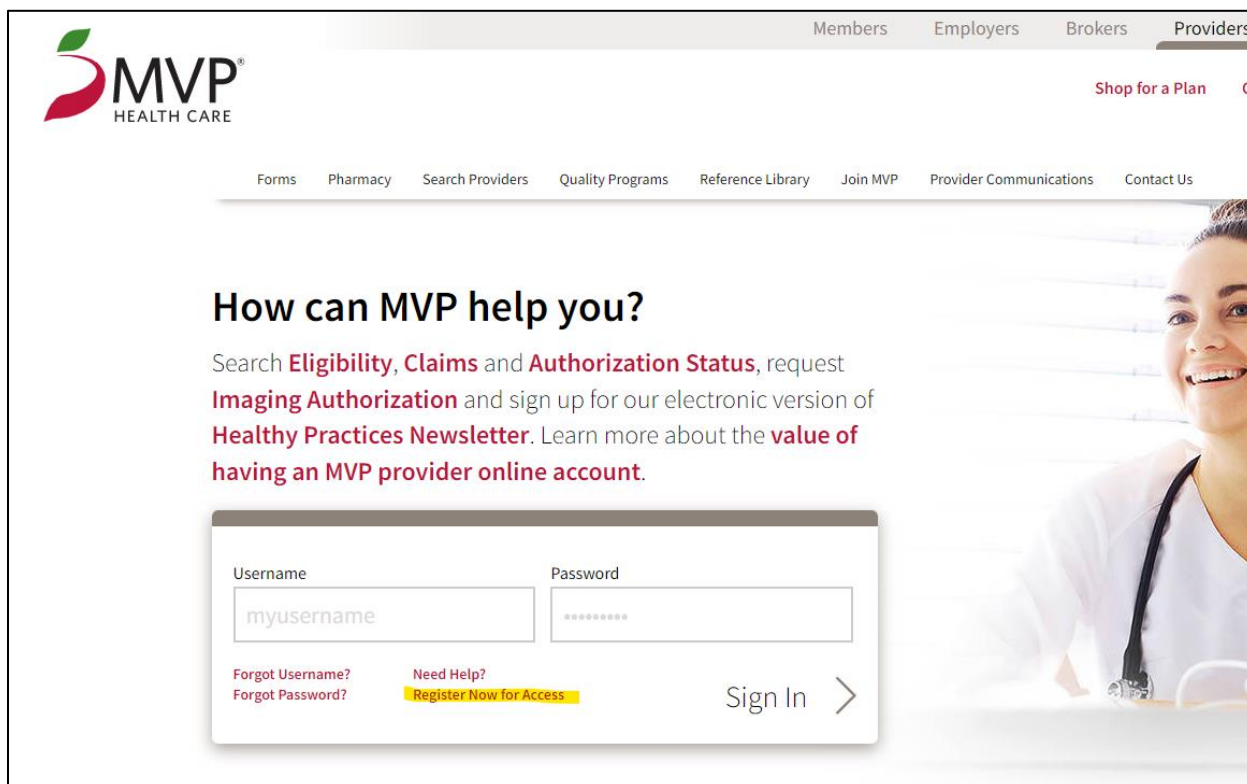
Step 1:

Visit mvphealthcare.com and select *Providers* in the top right-hand corner.



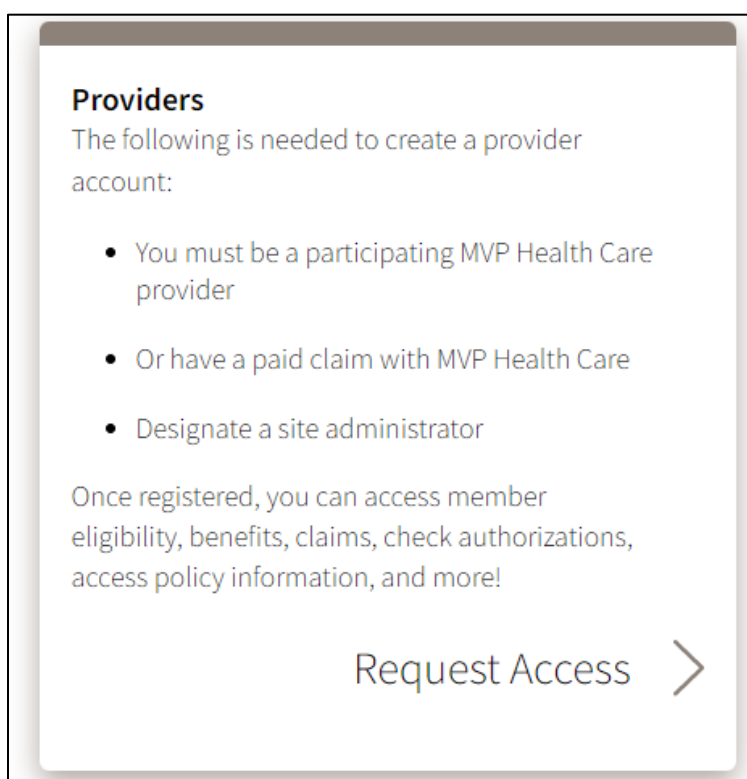
Step 2:

Select *Register for Access* underneath the login page.



Step 3:

Scroll down to Providers and select *Request Access*.



Step 4:

Complete the Online Provider Account Registration form.

Members Employers Brokers **Providers** Sign in/Register

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Online Provider Account Registration

MVP's secure provider account offers online access to member eligibility, benefits, claims, check authorizations, policy information and more.

To receive access, your practice and / or site must:

- Be credentialed with MVP (Participating Providers), or
- Have a paid claim with MVP (Non-Participating Providers)


Note: To view information for Cigna patients, please go to cignaforhcp.com


Office Site Administrator / Individual User Website Access

i To request access for Individual Users acting on behalf of the named provider entity, this form must be completed by the Office Site Administrator.

Need technical support?
Contact us for assistance with the following:

- Identifying current site administrator
- Changing site administrator accounts
- Any other registration or maintenance questions

 **Send us an email**

 **1-888-656-5695**
Monday - Friday, 8:30 am to 5:00 pm (Eastern Time)

1. Practice Information

Complete this section for all requests.

Facility/Practice Name*

Tax ID*
(Please do not include hyphens. To request access to multiple Tax IDs, email esupport@myhealthcare.com)

NPI for a Provider Associated with Above Tax ID*

Office Site Administrator Name

2. User Information

Level of Access*

First Name* Last Name*

Email Address*

User's Phone* Ext.

[+ ADD ROW](#)

3. Submit Electronic Signature

I, the requester for this access, am authorized by the group / physicians associated with the Tax ID listed above to request access to their provider online account access protected health information (PHI) through the provider portal on their behalf.

First Name* Last Name*

Phone* Email*

* I understand that checking this box constitutes a legal signature and hereby confirms that the above statement is true and accurate.