

Continued Care Service Coordination (CCSC) applicants - if your location accept patients via Referral from our facilities Case Management, please select one of the choices below.

- CCSC- Vendor Staff (Referral Acceptance Staff Only for - DME, IV Infusion, Outpatient Therapy/Rehab, Dialysis)
- CCSC- Clinical Staff (Admission Staff & Backup Only for - Home Health Care, Home Hospice, SNF/NH, LTAC, Acute Rehab)
- CCSC - Pharmacist (Pharmacists Only for - Home Health Care, Home Hospice, SNF/NH, LTAC, Acute Rehab)

Health Insurance Company applicants - please select the choice below that best encompasses your job role. Patient search will be limited to those patients affiliated with your health plan.

- Insurance Company Rep Case Management/Utilization/Claims Staff Insurance Company Rep Auditor Staff

Provider Requesting Access Section – this section is for providers/physicians only

Last Name & Suffix: (Sr, Jr, III, etc.)			First Name: (As appears on Medical License)			MI:		
Title: (MD, DO, CFNP etc.)			Provider Billing Number (NPI):			DEA Number:		
Professional email:			Last 4 digits of SS#:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Provider Billing Specialty:						Provider Billing Taxonomy:		
State License Number:						License Exp Date:		
Practice Name:								
Address:								
Address 2:								
City			State:			Zip		
Phone:			Fax:			Preferred Communication Method: <input type="checkbox"/> In Basket Message <input type="checkbox"/> Fax		

Secure Direct HISP Address - this section is for providers/physicians only
(e.g. b.wells@direct.aclinic.org – this is not an email address. Contact your Helpdesk for your direct address.)

Direct Address:

Staff Requesting Access Section – this section is for all non-provider users.

Last Name & Suffix: (Sr, Jr, III, etc.)			First Name:			MI:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Credentials: (RN, MA, LPN, etc.)			Job Title/Role:						Last 4 digits of SS#:		
Practice Name:			Address:								
Address 2:											
City:			State:			Zip:					
Phone:			Fax:			Professional email:					
User Context Number: (Internal use)											