

# www.tricare-west.com

## Provider Registration Form



Please complete all sections and submit via fax to **1-844-787-9889**.

### Section I: General Information (All fields must be completed)

First Name:	Last Name:
Business Phone:	Business Email:
Title:	Department:
Supervisor Name:	Preferred Username*:

\* Must contain a minimum of 8 characters and a maximum of 20 characters.

\* May contain special characters, but the # sign is not allowed.

\* If the username is taken, Health Net Federal Services, LLC (HNFS) may add additional characters to complete the registration process.

### Practice Information (All fields must be completed)

Please only register one time. You can add additional Tax IDs once your [www.tricare-west.com](http://www.tricare-west.com) account has been created.

Primary Tax ID:	Practice NPI:	Practice Name:	
Practice Address:	City:	State:	ZIP Code:

### Section II: Verification Point of Contact Information (All fields must be completed)

We may reach out to this point of contact to verify the applicant's information.

First Name:	Last Name:	Title:
Business Phone:	Business Email:	Department:

### Section III: Billing Company Applicants

If you work for a billing company, complete the following:

Company Name:	Billing Address:		
City:	State:	ZIP Code:	Billing Phone:

Provider agrees that all health information, including that related to patient conditions and medical utilization available through the portal or any other means will be used exclusively for patient care and other related purposes, only as permitted by the HIPAA Privacy Rule or other more stringent applicable regulations. Registration is for an individual person. Sharing of usernames/passwords is not permitted.

*Please allow HNFS up to 10 business days to process this request. We will send a confirmation email once we have verified your information and created your account. Once received, you must log in at **www.tricare-west.com** within 60 days to activate the account.*

Verify you have completed all required fields above, and sign and date prior to submitting to HNFS.

Signature:	Date:
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