



## Site Portal Administrator Registration Form

Access to the online provider portal is only available to providers and their staff who are contracted with Sequoia Health. By completing this form, you are requesting to be a Site Portal Administrator for the provider portal with the Tax ID Number(s) noted below. A Site Portal Administrator will have the ability to perform the following functions:

The Site Portal Administrator will have the ability to perform the following functions:

- Create or disable a User Account (including any billing service you may use)
- Change or update a User Account
- Change or re-set an account password
- Assign permission for each User Account
- View and change any account under the associated entity (Tax ID)

A maximum of two (2) Site Portal Administrators are allowed per Provider of Group Practice. Please complete this form and send it to Sequoia Health at [shportalrequest@agilonhealth.com](mailto:shportalrequest@agilonhealth.com)

### Step 1: Provider Information

Provider Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Primary Practice Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Step 2: Tax ID Number(s) –

Please provide the Tax ID Number(s) and the associated practice name(s) that you are requesting on-line access to

Tax ID Number	Group / Office Name(s)



### Step 3: Designation of Site Portal Administrator

Please provide the information for the practice resource(s) that you are designating as the Site Portal Administrator. Create a User ID for each Site Portal Administrator.

Name	Title	email	Phone	Billing Company / MSO?

### Step 4: Provider Authorization

By signing, you agree that you have the legal authority to authorize the above user(s) to access Sequoia Health Provider Portal for the entities stated above. You agree that all authorized users will abide by Sequoia Health's Confidentiality Policy, Federal and State regulations applicable to patient privacy and confidentiality. Any violations of these policies, regulations or requirements may result in loss of access to the Provider Portal. The violations may also be reported to the proper Federal and State regulatory agencies.

Provider / Group Authorized Rep: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

### Step 5: Send the completed form to Sequoia Health for processing

Please return the completed and signed form to Sequoia Health:

Email: [shportalrequest@agilonhealth.com](mailto:shportalrequest@agilonhealth.com)

Fax: 209-294-1360

Upon receipt of this form, all information will be verified and Site Portal Administrator user account will be created. The Administrator(s) will be contacted via the email(s) provided with a temporary password. The Site Portal Administrator will then create the User IDs for appropriate practice staff to access information for the approved Tax IDs. The Site Portal Administrator reference guide is available on the Portal.

If you need assistance with completing this form, please contact your Provider Network Coordinator directly or the Provider Customer Service Line at 209-454-1468