EYEPOINT ASSIST℠

On-Boarding Checklist

PLEASE EMAIL COMPLETED FORM TO: eyepointassistsupport@connectiverx.com OR BY FAX TO: 866-783-3124

EyePoint Representative (leave blank if unknown)	**EyePoint Representative email**

Schedule portal training?

☐ **opt in**; please send me a link to schedule a webinar
☐ **opt out**; I will forgo training at this time

A. DEMOGRAPHIC

Practice Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Primary Contact (Full Name):	Email Address:	

B. BENEFIT INQUIRY CREDENTIALS

Group Tax ID	Group NPI Number	Group PTAN Number

Where can you find your PTAN?

1. The letter sent by your MAC (Medicare Administrative Contractors) when you enrolled
2. Visit https://pecos.cms.hhs.gov
3. Obtain from your Practice Administrator

C. PRESCRIBERS - Provider Credentials are required to facilitate benefits inquires on your behalf

First Name	Last Name	Title	NPI Number	State License Number

D. USERS – Provide the name and email address for additional user accounts

First Name	Last Name	Email Address	Portal Access Level	
			☐ Admin	☐ User
			☐ Admin	☐ User
			☐ Admin	☐ User
			☐ Admin	☐ User
			☐ Admin	☐ User
			☐ Admin	☐ User

E. ADDITIONAL LOCATIONS – Provide demographic for additional location(s) that are part of your practice

Practice Name:		
Address		
City	State	Zip Code
Phone Number	Fax Number	

Practice Name:		
Address		
City	State	Zip Code
Phone Number	Fax Number	

Practice Name:		
Address		
City	State	Zip Code
Phone Number	Fax Number	

Practice Name:		
Address		
City	State	Zip Code
Phone Number	Fax Number	

SUBMIT