

# Provider Portal User's Guide

Support Staff (Clinical, Billing, etc.)

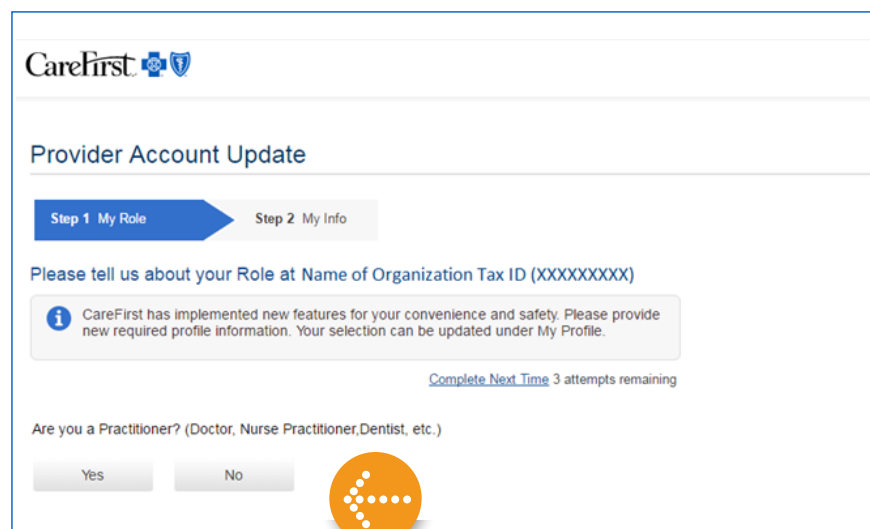
## Updating an Existing User Account



Log in to the Provider Portal.

[provider.carefirst.com](http://provider.carefirst.com)

*NOTE: You will notice the login button is now positioned on the left hand side of the home page.*



### Step 1: My Role

Since you are not a Practitioner, click on **'No'**.

## Provider Portal User's Guide—Non-Practitioner

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### Provider Account Update

Step 1 My Role Step 2 My Info

Please tell us about your Role at Name of Organization (Tax ID XXXXXXXXX)

How do you support your organization?

☐ Clinical  
Physician/Dental Support  
Patient-Centered Medical Home

☐ Billing  
Claims, Billing and Back Office

☐ Clinical and Billing

[None Of these ?](#)

Indicate how you support your organization by clicking on the appropriate option: **'Clinical'**, **'Billing'**, or the option for both **'Clinical and Billing'**.

*NOTE: If you do not have any of these roles, click on **'None of these'** and you will be taken to Step 2.*

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### Provider Account Update

Step 1 My Role Step 2 My Info

Please tell us about your Role at Name of Organization (Tax ID XXXXXXXXX)

Find the names of the practitioner(s) that you support in the below list

Start typing a name in the below box. After a few characters results will appear. You can select up to 25 Practitioners.

☐ The practitioners name is not listed ?

[Next](#)

**i** By selecting the name of the practitioner(s) that you support, you will receive enhanced features: Clinical Member alerts and CareFirst reminders related to your Organization.

From here you will enter the name(s) of the practitioner(s) you support in the field provided. After typing a few characters, results will appear.

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### Provider Account Update

Step 1 My Role Step 2 My Info

Please tell us about your Role at Name of Organization (Tax ID XXXXXXXXX)

Find the names of the practitioner(s) that you support in the below list

Start typing a name in the below box. After a few characters results will appear. You can select up to 25 Practitioners.

Provider Name 1 - Field of Practice

Provider Na

Provider Name 2 - Field of Practice  
Provider Name 3 - Field of Practice  
Provider Name 4 - Field of Practice  
Provider Name 5 - Field of Practice

☐ The practitioners name is not listed ?

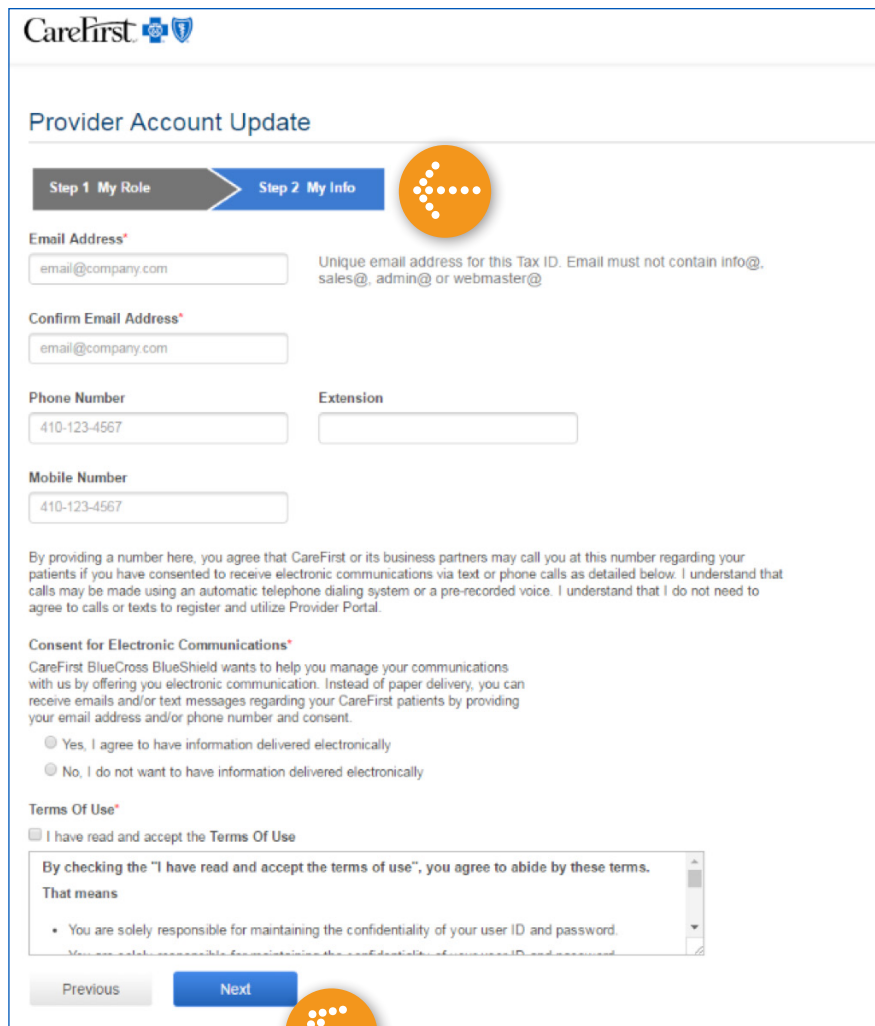
[Next](#)

**i** By selecting the name of the practitioner(s) that you support, you will receive enhanced features: Clinical Member alerts and CareFirst reminders related to your Organization.

You are able to select up to 25 practitioners. Click on the **'+'** as needed to continue to add the practitioners you support. You are also able to delete a practitioner you may have added by mistake by clicking on the **'X'** next to their name.

When you have added all the practitioners you support, click **'Next'**

*NOTE: By selecting the name of the practitioner(s) you support, you will receive enhanced features such as Clinical Member alerts and CareFirst reminders related to your organization.*



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### Provider Account Update

Step 1 My Role Step 2 My Info

**Email Address\***

email@company.com

Unique email address for this Tax ID. Email must not contain info@, sales@, admin@ or webmaster@

**Confirm Email Address\***

email@company.com

**Phone Number**

410-123-4567

**Extension**

**Mobile Number**

410-123-4567

By providing a number here, you agree that CareFirst or its business partners may call you at this number regarding your patients if you have consented to receive electronic communications via text or phone calls as detailed below. I understand that calls may be made using an automatic telephone dialing system or a pre-recorded voice. I understand that I do not need to agree to calls or texts to register and utilize Provider Portal.

**Consent for Electronic Communications\***

CareFirst BlueCross BlueShield wants to help you manage your communications with us by offering you electronic communication. Instead of paper delivery, you can receive emails and/or text messages regarding your CareFirst patients by providing your email address and/or phone number and consent.

☐ Yes, I agree to have information delivered electronically

☐ No, I do not want to have information delivered electronically

**Terms Of Use\***

☐ I have read and accept the Terms Of Use

By checking the "I have read and accept the terms of use", you agree to abide by these terms.

That means

- You are solely responsible for maintaining the confidentiality of your user ID and password.

Previous Next

### Step 2: My Info

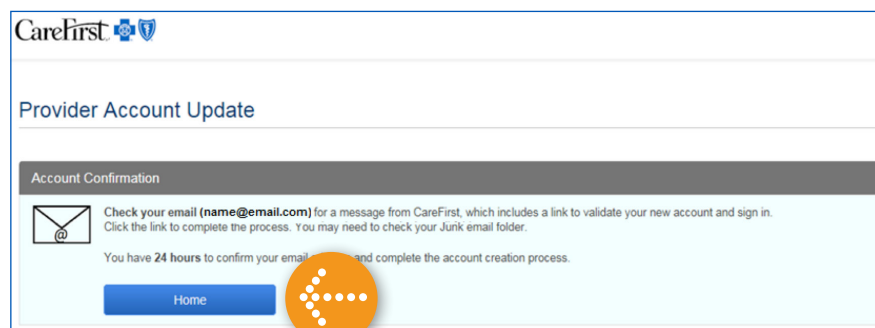
Complete all required fields.

*NOTE: Email address must be unique for the Tax ID and not contain any of the following:*

- info@
- admin@
- sales@
- webmaster@

Clicking **'Yes'** to receiving information electronically will allow you to stay current with any important news and patient information from CareFirst.


Click on **'Next'** to continue.



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### Provider Account Update

Account Confirmation

 Check your email (name@email.com) for a message from CareFirst, which includes a link to validate your new account and sign in. Click the link to complete the process. You may need to check your Junk email folder.

You have 24 hours to confirm your email address and complete the account creation process.

Home

You will receive an **Account Confirmation** message alerting you to check your email to complete the process of updating your account.

*NOTE: You will have 24 hours to confirm your email address and complete the account creation process.*

Click on **'Home'** to be taken back to the Provider Portal.