

Provider Portal User's Guide

Facilities (may include Institutional and Ancillary)

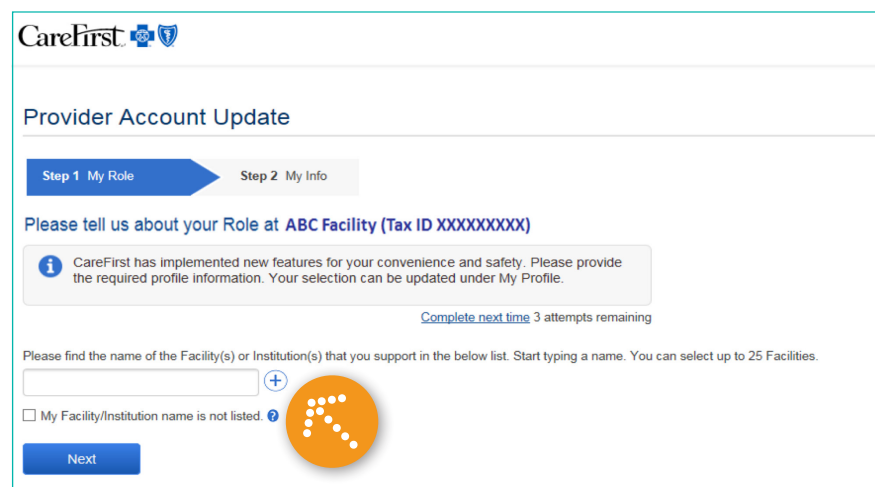
Updating an Existing User Account



Log in to the Provider Portal.

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

From here, you can begin entering the name(s) of the Facilities you support. After typing a few characters, results will begin to appear allowing you to quickly make your selection.

If your Facility is not listed, select **'My Facility/Institution name is not listed'** and click **'Next'**.

NOTE: If based on your Tax ID, you are only associated with one Facility, you will go directly to Step 2: My Info.


Provider Portal User's Guide—Facilities

Provider Account Update

Step 1 My Role


Step 2 My Info



Please tell us about your Role at ABC Facility (Tax ID XXXXXXXXX)


 CareFirst has implemented new features for your convenience and safety. Please provide the required profile information. Your selection can be updated under My Profile.

[Complete next time](#) 3 attempts remaining

Please find the name of the Facility(s) or Institution(s) that you support in the below list. Start typing a name. You can select up to 25 Facilities.

Facility 1 

Facility 2  

Facility 3 

Facility 4

Facility 5

Next

Once you have located your Facility, select it from the dropdown and it will appear on your screen.

You can continue to add Facilities by clicking on '+'. You are also able to delete a Facility you may have added by mistake by clicking on the 'X' next to its name.

You are able to add up to 25 Facilities.

When you have added all of your Facilities, click **'Next'**.



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

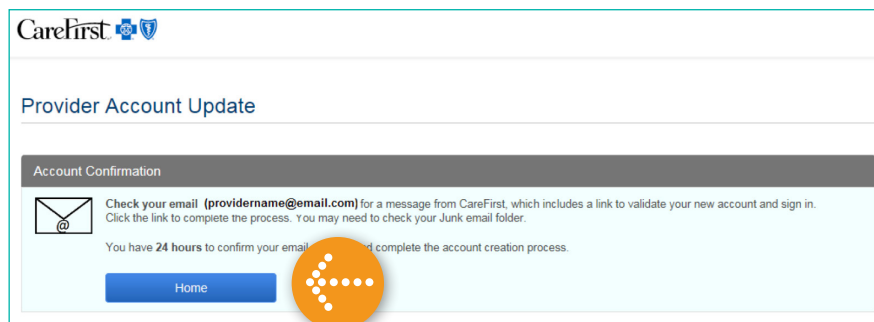
Complete all required fields.

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

- info@
- sales@
- admin@
- 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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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.

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