

# Provider Portal User's Guide

Practitioner (Doctor, Nurse Practitioner, Mental Health, etc.)

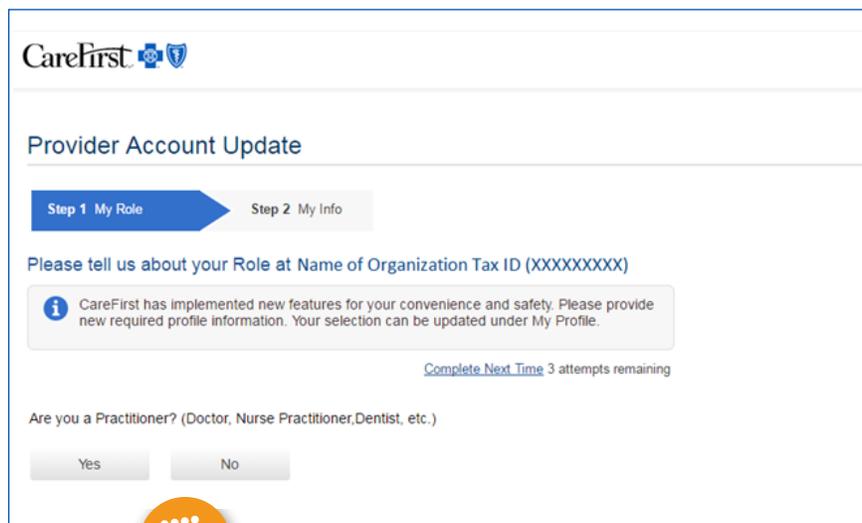
## Updating an Existing User Account



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 a Practitioner, click 'Yes'.

CareFirst

## Provider Account Update

Step 1 My Role Step 2 My Info

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

I am a Practitioner (Doctor, Nurse Practitioner, Dentist, etc.)

\*Please type your name in the below box. After a few characters results will appear.

Provider

Provider Name - Field of Practice

Next

Type your name in the field provided. After a few characters results will appear.

When you locate your name, select it, and click **'Next'**.

CareFirst

## 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** **Extension**

410-123-4567

**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

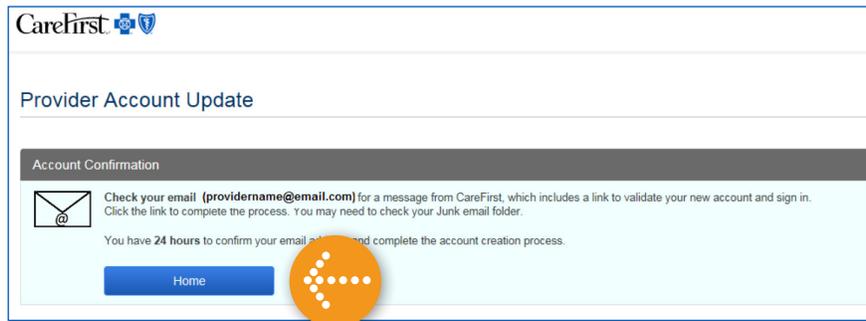
Complete all required fields including adding your Mobile Number.

*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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