

New Provider Boarding Form

Check all that apply:

- New Provider** **Replacement Provider**

New/Replacement Provider Name: [Click here to enter text.](#) **Effective Start Date:** [Click here to enter text.](#)

Provider Leaving (For Replacements Only): [Click here to enter text.](#) **Effective End Date:** [Click here to enter text.](#)

Provider NPI	Click here to enter text.
Business Unit/Location(s)	Click here to enter text.

***PLEASE NOTE: New and replacement providers cannot be downgraded until the contract term has expired. Please refer to your contract for term details.**

Provider Subscription Type	Subscription Type → <input type="checkbox"/> <i>MD Office/Endo</i> → <input type="checkbox"/> <i>MD Endo Only</i> → <input type="checkbox"/> <i>Nurse Practitioner</i> → <input type="checkbox"/> <i>Physician Assistant</i> <input type="checkbox"/> Ancillary Provider (EDI Billing per Transaction) → <input type="checkbox"/> <i>Anesthesiologist</i> → <input type="checkbox"/> <i>CRNA</i> → <input type="checkbox"/> <i>Hospitalist</i> → <input type="checkbox"/> <i>Pathologist</i>
gPM	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
gInsights	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<input type="checkbox"/> gEstimator	<input type="checkbox"/> <i>Unlimited</i> <input type="checkbox"/> <i>Per Transaction</i>
<input type="checkbox"/> gReminder*	Account/Subaccount #: Read Name As: Click here to enter text. Pronunciation Instructions: Click here to enter text.
Patient Self Scheduling	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Qgenda	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No (Schedule CSV Upload)</i>
Change Health Care	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<input type="checkbox"/> ePrescribing	*Dr. First Registration Packet Required * Controlled Substances (EPCS)DEA License Required*: <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
Patient Portal	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

**gReminder setup, please include how the name must be read by the voice-over in the "Read Name As" field. If there is a correct way to pronounce either a first name or last name please include in the Pronunciation Instructions. There is an associated cost with setting up new providers in gReminder, a quote will be sent for the cost once documentation is received. **

gGastro Client ID:	Click here to enter text.
Practice Name:	Click here to enter text.
Requester Name:	Click here to enter text.
Requester Phone Number and Email:	Click here to enter text.

***All requests will be reviewed against license inventory to determine license availability.**