How to Register for the Humboldt IPA Provider Portal

First, please be sure to "whitelist" <u>eznet@humboldtipa.com</u> in your email so our emails don't go to your junk mail.

From the Home page, click "New User Registration."



On the New User Registration page, enter:

Your Email Address

Make sure it's an email you have access to

- The User Name you would like to use
 It will default to the part of your email address that comes before the @ symbol, but you are free
 - to change it. However, once you register, you will not be able to change your user name. The password you would like to use.
- It must be at least 8 characters long and must contain an upper case letter, a lower case letter, and a number. Please do not use words that can be found in the dictionary.
- Your first name

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- Your last name
- Your title you can skip this if you'd rather
- Your department Please enter the name of your practice or company
- Your phone number
- Your fax number you can skip this one too
- User Type Please select VENDOR from the drop -down list

* E-Mail :	MYNAME@MYCOMPANY.COM We recommend using your email address with out the domain name,i.e <u>user@yourdomain.com</u> would be user.The user name field will automatically be populated with the first part of your email address,but may be changed at any time.				
* User Name :	NEWUSER				
* Password :	•••••	At least 8 characters.			
* Confirm Password :		Must contain:			
First Name :	NEW	Upper Case Letter			
* Last Name :	USER	Lower Case Letter			
Title :		Number			
Department :	MY COMPANY				
* Phone Number :	(707)555-1212				
Fax :					
* User Type :	VENDOR T				

In the Company(s) section:

Select the "companies" you are requesting access to by clicking on the "company" name in the left hand panel and clicking the right facing arrow to move them over to the right side panel.

	* Company(s)-	
Available Company(s)	5	Selected Company(s)
BLUE LAKE RANCHERIA DENTAL		BLUE LAKE RANCHERIA MEDICAL PLAN
NORTH COAST CO-OP DENTAL		CALIFORNIACARE HEALTH PLANS
CRIHB		NORTH COAST CO-OP
DENTAL PLANS		CALPERS BLUE SHIELD HMO
EMPLOYEE ASSISTANCE PROGRAM (EAP)		TRINIDAD RANCHERIA MEDICAL PLAN
NATIVE FUND WORKERS COMPENSATION		
TRINIDAD RANCHERIA DENTAL PLAN		
HIPA VISION PLAN		
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In the Vendor(s) section:

- Enter Vendor ID 1820 and click search
- When you see the left panel populate, click the double arrow button to move all of the vendors to the right panel

This makes it easier for you to register. We'll make sure you have access to the correct tax IDs when we activate your account.

* Vendor(s)									
1820									
Search Clear									
Vendor ID	Company ID		Vendor Name	Vendor ID	Company ID				
1820	BLAKE								
1820	CALC	1							
1820	COOP								
1820	HBS								
1820	TRIN								
	(
		(20)							
		<u> </u>							
	Vendor ID 1820 1820 1820 1820 1820 1820 1820	1820 Sear Vendor ID Company ID 1820 BLAKE 1820 CALC 1820 COOP 1820 HBS 1820 TRIN	* Vendor(s) 1820 Ven Search Clea Vendor ID Company ID 1820 CALC 1820 CALC 1820 COOP 1820 HBS 1820 TRIN	Vendor (s) Vendor Name: Search Clear Vendor ID Company ID 1820 1820 COOP 1820 1820 TRIN Vendor Name Vendor Name	* Vendor (s) 1820 Vendor Name: Search Clear Vendor ID Company ID 1820 CAUC 1820 CAUC 1820 COOP 1820 HBS 1820 TRIN				

Enter the letters in the Captcha box and click submit request



You'll get an email to confirm your registration. Please click on the link to confirm your email address.

Dear Christina Jioras, To complete the New User Registration process, please click the below link: <u>New User Confirm Email Address</u>

Do not Reply: This is auto generated Email.

Thanks, EZ-NET Customer Support

It may take us up to one full business day to activate your account.

If you have any problems with registering, please call our Customer Service staff at 707.443.4563