



Provider Portal Registration | www.aultcare.com

To access the AultCare Provider Portal, you must establish a secure account through the AultCare website. Through your secured account, you will have access to multiple online tools and resources, such as member eligibility, claim status, member benefits, prior authorization platforms, provider manuals, email blasts, and provider newsletters.

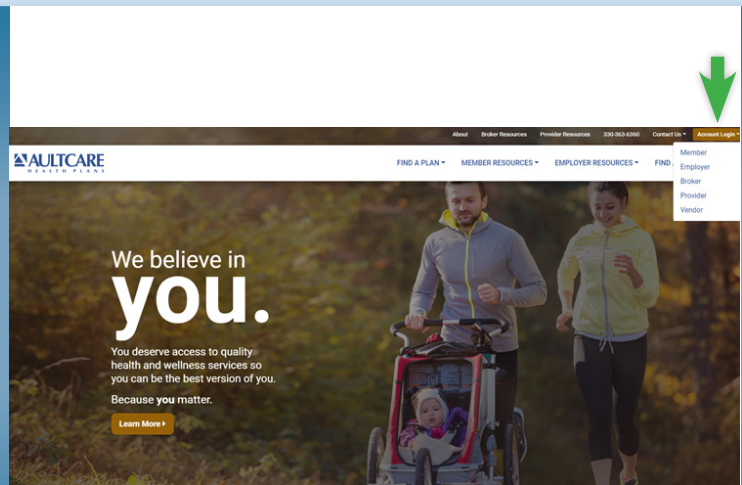
NOTE: If you currently have an account as a member or an employer, you will need to establish a separate account as a Provider.

Supported browsers: Google Chrome and Microsoft Edge



STEP 01

- Visit www.aultcare.com.
- Click **Account Login**.
- Click **Provider** in the drop down menu.



STEP 02

- Click **Register for a new account**.

Welcome to AultCare's Provider Portal

Username

Password

Login to your account

**The phone number and email you have registered to your account will be used for multi-factor authentication.*

[Forgot Username?](#)

[Forgot Password?](#)

[Register for a new account](#)



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STEP 03

- Click **I agree to the AultCare provider portal terms-of-service** once you have read and agree.
- Enter your full name.
- Click **Next**.

Provider Registration Form

1 Terms of Ser... 2 User Informa... 3 Provider Informa... 4 Verificat... 5 Request Account Ac... 6 Third P... 7 Finalize

Terms of Service
Request for Access / Non-Disclosure

The AultCare provider portal is a secure, web-based application. It requires a username and password to access. By requesting a username and password, you acknowledge that you have the authority to request such access. The AultCare provider portal is intended to assist AultCare providers with information such as eligibility, benefits, claim status and prior authorization requests. It is provided as a service to AultCare's providers. Misuse of this privilege may result in the revocation of your ability to access the AultCare provider portal application.

By using the AultCare provider portal you agree that the AultCare provider portal provides access to confidential protected health information, and that you will maintain this confidentiality in accordance with all applicable state and federal laws. You further agree that you will not share your username, password, or any information learned from this application, and that you will notify AultCare if you have reason to believe someone has learned your username or password. Furthermore, you agree that your duty to maintain the confidentiality of protected health information maintained on the AultCare provider portal database survives the termination of your relationship with AultCare.

To access the AultCare provider portal go to www.aultcare.com. The terms of this non-disclosure agreement also apply to using the AultCare FTP site which requires a separate login and password.

I agree to the AultCare provider portal terms-of-service

Person Completing this form (full name) *

Next

STEP 04

- Complete fields under **User Information**.
- Click **Next**.

Provider Registration Form

1 Terms of Ser... 2 User Informa... 3 Provider Informa... 4 Verificat... 5 Request Account Ac... 6 Third P... 7 Finalize

User Information

Username *

May include letters, numbers, and the following symbols: @, -, .

First Name *

Middle Initial

Last Name *

Email *

Phone Number *

Position *

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STEP 05

- Complete fields under **Provider Information**.
 - > If your practice has multiple physicians, you may enter any one of the physicians.
- When all fields are complete, click **Next**.

Provider Registration Form

1 Terms of Ser... 2 User Informa... 3 Provider Informa... 4 Verificat... 5 Request Account Ac... 6 Third P... 7 Finalize

Provider Information
Information pertaining to the enrolling provider

Practice/Facility NPI *

Tax Id *

Physician Name *

Practice/Facility Name *

Practice/Facility Phone *

Practice/Facility Phone Extension

Address Line 1 *

Address Line 2

City *

State *

Zip *

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STEP 06

- Complete one of the fields under **Verification**.
 - > AultCare or PrimeTime Health Plan claim number
 - > An EFT (Electronic Fund Transfer) number
 - > Check number
- This information is used as part of the validation process to approve access to the Provider Portal.
- We are asking for verification of a payment your practice has recently received. If the information is not provided, we will need to contact you prior to approving your account.
- If your practice uses a third party billing company or if billing is done in another area of your organization, you will need to contact the appropriate individual to obtain this information.

Provider Registration Form

1 Terms of Ser... 2 User Informa... 3 Provider Informa... 4 **Verificat...** 5 Request Account Ac... 6 Third P... 7 Finalize

Verification


Please provide at least one of the below. If the information is not provided, we will need to contact you prior to approving your account.

Claim Number

EFT Number

Check Number

Back Next



STEP 07

- Check applicable features under **Request Account Access**.
- Click **Next**.

Provider Registration Form

1 Terms of Ser... 2 User Informa... 3 Provider Informa... 4 Verificat... 5 **Request Account Ac...** 6 Third P... 7 Finalize

Request Account Access

Please check which features you will need access to:

Eligibility, Claims and Prior Authorization (Standard Provider Access)

Enhanced Encounter


Population Health Management

FTP Upload

IPs for Secure FTP

Optional Comments

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STEP 08

- Check the box if you are a third party.
- Upload documentation.
 - > A letter from the Provider granting permissions for your company to access claim information on their behalf, **OR**
 - > A copy of a Business Associate Agreement between the Provider and your company.
 - > The Business NPI of the Provider, a valid AultCare check, EFT, or claim number.
- Click **Next** to upload documentation in step 9.

Provider Registration Form

Terms of Ser... User Informa... Provider Informa... Verificat... Request Account Ac... **Third P...** Finalize

Third Party

If you are a third party acting on behalf of the Practice/Facility, we need the below information. We will request this information before approving your account if this is not provided.

- A letter from the Practice/Facility, granting permissions for your company to access claims information on their behalf or a copy of a Business Associate Agreement between the Practice/Facility and your company
- The Business NPI of the Practice/Facility
- A Valid AultCare Claim, Check, EFT, or Voucher Number

These items can be uploaded in the next section.

Check here if you are a third party.

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STEP 09

- If you are a third party, upload documentation here by clicking **Upload**.
- Click **Submit** once the registration form is complete.

Provider Registration Form

Terms of Ser... User Informa... Provider Informa... Verificat... Request Account Ac... Third P... **Finalize**

File Attachments

Please attach any supplemental files needed to accompany this form

Upload

of files uploaded: 0

Please review that you have completed this form completely and accurately. Click "Submit" below to finish.

Back Submit

What happens next?

- Once you have completed the registration process, you will receive an automated email from donotreply@aultcarecorp.com (DO NOT REPLY TO THIS EMAIL).
- The automated email confirms your registration was received.
- If additional information is needed, you will receive an email from someone in AultCare IS with an "@aultcare.com" email address.
- Please respond to this email with the requested information. If you do not respond, your account will NOT be activated.
- You will receive a confirmation email from donotreply@aultcarecorp.com once your account is approved.
- The email will provide instructions regarding first time access to your account.
- Welcome to the AultCare Provider Portal!