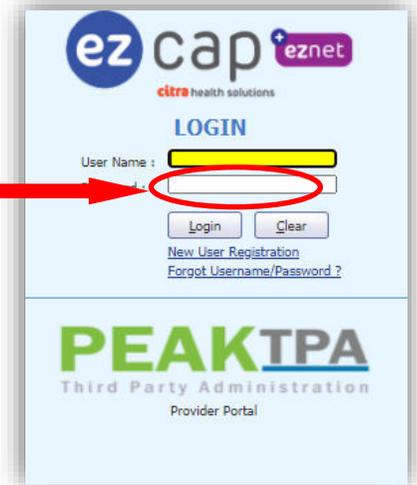


Registering for the PeakTPA Provider Portal

1. Navigate to this URL (Web Address):
<https://ezprod.cognify.com/EZ-NET60>

2. Click **New User Registration**.

3. The next page has three sections: **New User Registration**, **Company**, and **Provider/Vendor**.



i. New User Registration

I. Complete the form with your information (* = required fields)

II. Select **Provider** or **Vendor** to indicate the appropriate User Type

* E-Mail : *Required

We recommend using your email address with out the domain name,i.e user@yourdomain.com 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 :

* Password :

* Confirm Password :

First Name :

* Last Name :

Title :

Department :

* Phone Number :

Fax :

* User Type :

ii. Company(s)

i. Click to select the company(s) for which you provide service, then click the right arrow to move the name(s) to the **Selected Company(s)** box.

* Company(s)

Available Company(s)	Selected Company(s)
ARCHCARE	
BASICS AT JAN WARNER	
CHERRY BLOSSOM PACE	
CHS BUFFALO	
COMPLETE SENIOR CARE	
CENTRAL VALLEY PACE	
ELDER ONE	
FRANCISCAN SENIOR HEALTH AND WELLNESS	
HOPE WEST PACE	
IIHCP	

iii. Provider(s)/Vendor(s)

- i. If you chose **Provider** as your User Type, enter your Provider NPI, Tax ID provider name and click **Search** (you do not need to complete all fields).
- ii. Click on the appropriate provider name to select, then click on the right arrow to move the selected provider to the box on the right.

*** Provider(s)**

Provider NPI: Provider Tax ID:
Last Name: First Name:

Provider Name	Provider ID	Company ID
DANIEL SMITH	1750688396	ASL
SARA SMITH	1831581446	ASL
BARBARA SMITH	1457304107	ASL
JOHN SMITH	1437178852	ASL
NEAL SMITH	1053415448	ASL
CARDINALE SMITH	1932307600	ASL
LEE SMITH	1790984987	ASL
STEVEN SMITH	1881689222	ASL
STEVEN SMITH	1770527988	ASL
GERARD SMITH	1609845114	ASL

Provider Name	Provider ID	Company ID
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- iii. If you chose **Vendor** as your User Type, populate either your Vendor ID or Vendor Name and click **Search**:

Vendor ID = NPI + hyphen + Tax ID (IE: 1234567890-123456789)

- iv. Click on the appropriate vendor name(s) from the search results to select, then click on the right arrow to move the selected vendor(s) to the box on the right.

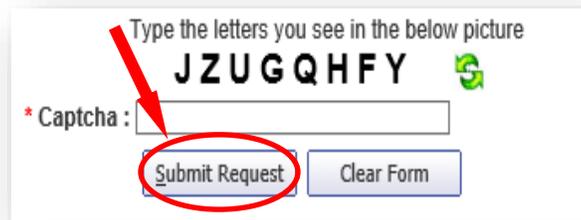
*** Vendor(s)**

Vendor ID: Vendor Name:

Vendor Name	Vendor ID	Company ID
BOB SMITH	1234567890-123456	ASL
BOB SMITH	1234567890-123456	FRA
BOB SMITH	1234567890-123456	MGP
BOB SMITH	1234567890-123456	SOL
BOB SMITH	1234567890-123456	TRY

Vendor Name	Vendor ID	Company ID
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4. At the bottom of the page, type the displayed code letters into the Captcha box, then click **Submit Request**.



Type the letters you see in the below picture
JZUGQHFY

* Captcha:

5. A screen will be presented to confirm successful submission and our support team will be notified of your registration. You should receive a confirmation that your account has been finalized within two business days. If you need assistance at any time, please contact us at providerportal@careventionhc.com.

