

Registration for the Atrezzo Connect Provider Portal



Simple 5-Step Registration Process

- Start by clicking the Provider Portal button on the KePRO-Hillsborough website
- URL: <u>http://hchcp.kepro.com</u>





Login Page

• You will be brought to this login page

🗱 Kepro [®]	WELCOME PLEASE LOGIN 7/9/2021 12:37:03 PM	Login	
	LOGIN Please enter your username and password to access the Atrezzo Provider Portal. If you don't already have a Kepro account, you can Register here . USERNAME: PASSWORD: * Login Forgot Password?		
Privacy Policy/Terms of Use Powered by Kepro Contact Copyright 🕏 2011-2021 Kepro All Rights Reserved Version 5.12.1.24709 (Atrezzo_Prod)			



Step 2 – Click REGISTER Link

• To register a new account, click the REGISTER HERE link as shown

LOGIN		
Please enter your username and password to access the Atrezzo Provider Portal.		
If you don't already have a KePRO account, you can Register here. USERNAME: PASSWORD:		
Login		
Forgot Password?		



Step 3 – Enter NPI and Reg Code

- Enter your organization's NPI number Registration Code (your TPA number)
- Click NEXT





Registration Code

• Your NPI and Registration Code can be found on your remittance as shown here

Provider/ TPA ID#	CHHS#3 HILLSBOROUGH COUNTY HEALTH CARE
	Run Date : 09-11-12 REMITTANCE REPORT - MEDICAL BATCH DATE: 09-10-12 Batch No. 192180
	Vendor : 592222222 -
	Provider: 000014139 - RALEIGH
	PROCED DATE OF SERVICE SVC REQUESTED ELIGIBLE
	CLAIM# CODE FROM THRU NETW CODE ADJ CODE/DESCRIPTION QTY AMOUNT AMOUNT DEDUCT AMOUNT TIN
	Patient : 114144151/5 - XXXXX Member Number XXXXX RM4660 99285 12-05-11 12-05-11 B ES B=NETWORK B 1 1335.00 139.97 0.00 139.97 Claim RM4660 totals 1335.00 139.97



Possible Error

• If you enter in the NPI or registration code incorrectly, this error message will appear

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Please Enter Your NPI:	NEVT



Step 4 – Enter Account Information

- Enter user account information
- Fields with asterisks (*) are required fields
- Click NEXT

ORGANIZATION INFORMATION				
ACCOUNT INFORMATION				
Username				
Confirm Password				
Enter a secret question				
Enter the secret answer				
CONTACT INFORMATION				
First Name	Email Address			
Last Name	Confirm Email:			
Address:	Phone Number:			
City:	Official communication of service authorization will be sent to the fax number entered here			
State:	unless otherwise specified.			
Zip:	Fax Number			
* denotes required field				
Nexth				



Step 5 – Terms of Use

- Read terms of use
- Click checkbox at the bottom
- Click CONTINUE





Home Page





Account Administrator

- All information submitted for registration under Provider/Facility Information will represent as the Provider Portal Administrator (Group Admin).
- The Group Admin is responsible for managing and creating all submitting user accounts for your NPI #
 - Create other admins & users



Contact Information

Please reference our Atrezzo Connect training manual for additional information. Thank You!

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