KEPRO
FQHC & RHC - Provider Registration
Please Type or Print Legibly

Center Name:		Center's NPI	
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	

WEB Data Submission Confirmation

The Center will directly enter CareConnection® data via the Web Site to obtain prior authorization as a

(Please check the appropriate box below)

☐ FQHC   ☐ RHC

Center's Authorized Data Contact

Data Contact: _____

First Name   Middle Initial   Last Name

Mailing Address: _____

Phone: _____   Fax: _____

Data Contact's
E-Mail Address: _____

Data Contact's
Signature _____

E-Mail Address for Correspondence

E-Mail Address for Correspondence (Consider the need for correspondence to be received by your Center - you may want to use a common e-mail account that you are comfortable sharing among designated staff or enter additional staff email addresses to ensure your Center receives and reviews correspondence in a timely manner):

_____

Authorization

I understand the Data Contact and I will receive all correspondence via email. Additionally, the Data Contact will be responsible for approving and requesting deactivation of staff Web User Accounts for your center. Furthermore, I authorize any additional email address (es) in the **Correspondence** section to receive all emails, also.

CEO\Director _____

Email Address

CEO\Director _____

First Name   Middle Initial   Last Name

CEO\Director _____

Signature

Submit to: KEPRO I.S. 1007 Bullitt St. Charleston, WV 25301 **Fax**: 866.438.1360