eternalHealth™
Your Forever Partner in Healthcare

PROVIDER PORTAL ENROLLMENT FORM

This form must be completed in order to be assigned a secure login to the Provider Portal located at *https://provider.eternalhealth.com*. You will receive an email notifying you of your login information.
If you have questions, please call Provider Services at 1-800-680-9255.
Submit your completed form including all pages and attachments by mail or fax.
Mail: PO Box 1358, Westborough, MA 01581 **Fax:** 1-866-347-8864

Account Administrator Information

Account Information

All fields in this section are required (unless marked optional). Do not use nicknames or initials unless they are part of your legal name.

First Name: **M.I.** (optional)**:** **Last Name:** **Suffix** (optional)**:**

Preferred Username (If left blank, we will provide a username)**:**

Email Address: **Phone Number:**

Billing Provider NPI:

Mailing Address

Street:

City: **State:** **Zip Code:**

Additional Provider Enrollment Information

If you want to enroll additional accounts at this time, please complete this section for each account and indicate their specific functional role. For example, the Account Administrator can be the Office Manager, and the Providers information can be inputted here. For additional account registrations, please print out copies of this page, or provide all required information on an additional sheet. All fields in this section are required (unless marked optional).

Account Information #1

First Name: **M.I.** (optional)**:** **Last Name:** **Suffix** (optional)**:**

Preferred Username (If left blank, we will provide a username)**:**

Email Address: **Phone Number:**

Rendering Provider NPI:

Specific Functional Role (select one)**:** ☐ Read-Only ☐ Read & Write

Account Information #2

First Name: **M.I.** (optional)**:** **Last Name:** **Suffix** (optional)**:**

Preferred Username (If left blank, we will provide a username)**:**

Email Address: **Phone Number:**

Rendering Provider NPI:

Specific Functional Role (select one)**:** ☐ Read-Only ☐ Read & Write

Account Information #3

First Name: **M.I.** (optional)**:** **Last Name:** **Suffix** (optional)**:**

Preferred Username (If left blank, we will provide a username)**:**

Email Address: **Phone Number:**

Rendering Provider NPI:

Specific Functional Role (select one)**:** ☐ Read-Only ☐ Read & Write