



Affinity Provider Portal Training Manual

Affinity Provider Portal

Registration Page

The registration page enables the users to self-register for the Affinity Provider Portal.

To register the user must do the following:

Select the applicable “Registration Type:”

1. Physician
2. Group/Ancillary/Facility
3. Staff Registration
 - a. Physician
 - b. Group/Ancillary/Facility
4. Vendor

Then enter:

5. Tax ID
6. NPI

Click “Validate” to continue the registration process

Note: User can click “Cancel” to return to the previous page.

Register

Please enter the following information to register with the Affinity web portal.

Provider Registration

Fields marked with * are required

Select Registration Type

Physician Group / Ancillary / Facility Staff Registration Vendor

Enter

Tax ID * **And** **NPI ***

Affinity Provider Portal

Registration - Group/Facility/Ancillary

To register a Group/Facility/Ancillary the following information must be entered:

1. Group/Facility Name is auto populated
2. Enter User Name
3. Check Availability - user will need to click on to ensure user name is unique
4. Enter Email Address
5. Re-enter Email Address
6. Enter Choose a Password
7. Enter Confirm Password
8. Enter Security Question 1 (ie. What is your favorite drink")
9. Enter the Security Answer 1 (ie. Water)
10. Enter Security Question 2
11. Enter the Security Answer 2

Click Submit to continue

Click Cancel to return to previous page

Provider Registration

Fields marked with * are required

Select Registration Type

Physician Group / Ancillary / Facility Staff Registration Vendor

Enter

Tax ID * **And** **NPI ***

Passwords must be a minimum of 8 long and cannot contain all or part of your user name. Must contain at least: 1 Upper Case, 1 Lower Case, 1 Numeric and 1 Special Character i.e. (!,@,\$,%)

Group / Facility Name

User Name *

Email Address *

Re-enter Email Address *

Choose Password *

Confirm Password *

Security Question 1 *

Security Answer 1 *

Security Question 2 *

Security Answer 2 *

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Affinity Provider Portal

Registration - Vendor

To register a Vendor the following information must be entered:

1. Vendors Name is auto populated
2. Enter User Name
3. Check Availability - user will need to click on to ensure user name is unique
4. Enter Email Address
5. Re-enter Email Address
6. Enter Choose a Password
7. Enter Confirm Password
8. Enter Security Question 1 (ie. What is your favorite drink")
9. Enter the Security Answer 1 (ie. Water)
10. Enter Security Question 2
11. Enter the Security Answer 2

Click Submit to continue

Click Cancel to return to previous page

Provider Registration

Fields marked with * are required

Select Registration Type

Physician Group / Ancillary / Facility Staff Registration Vendor

Enter

Tax ID * **And** **NPI ***

Passwords must be a minimum of 8 long and cannot contain all or part of your user name.
Must contain at least: 1 Upper Case, 1 Lower Case, 1 Numeric and 1 Special Character i.e. (!,@,\$,%)

Vendor Name **User Name ***

Email Address * **Re-enter Email Address ***

Choose Password * **Confirm Password ***

Security Question 1 * **Security Answer 1 ***

Security Question 2 * **Security Answer 2 ***

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Registration Thank You Page Verbiage

Upon completion of the registration, a page will be displayed with the following verbiage:

“Thank you for registering with the Affinity Provider Portal.

An email will be sent to *{dynamically display email from user}* with instructions on how to complete your registration.”

Registration Confirmation Email

A secured method to verify the user registering to the Affinity Provider Portal is to send a Registration Confirmation Email.

An email will be generated, when the user has clicked on the “Submit” button on the Registration page.

Email will be sent to the email address entered during registration

Registration Confirmation Email Content

“Thank you for registering with Affinity Health Plan.

To get started, please activate your account by clicking the link below (you may also copy and paste the link into your browser’s address bar).

The link will expire in 24 hours.

[*https://\(link to activate\)*](https://(link to activate))

This is an automated message from Affinity Health Plan. Please do not respond to this email. Please do not forward this email.

Affinity Provider Portal

Staff Registration - Physician

For the office staff user of a Physician office to register, the following information must be entered:

1. Physician Name is auto populated
2. Enter User Name
3. Check Availability - user will need to click on to ensure user name is unique
4. Enter First Name
5. Enter Last Name
6. Enter Email Address
7. Re-enter Email Address
8. Enter Choose a Password
9. Enter Confirm Password
10. Enter Security Question 1 (ie. What is your favorite drink")
11. Enter the Security Answer 1 (ie. Water)
12. Enter Security Question 2
13. Enter the Security Answer 2
14. Select the one Access Roles from the drop down menu

Click Submit to continue

Click Cancel to return to previous page

Note: The Quality (Quality Manager, Care Coordinator) and Share Savings Financial Perspective roles can only be assigned to Strategic Alliance Partners providers.

Provider Registration

Fields marked with * are required

Select Registration Type

Physician Group / Ancillary / Facility Staff Registration Vendor

*** Select one of the following registration types:**

Physician Group / Ancillary / Facility

Enter

Tax ID * And NPI *

Passwords must be a minimum of 8 long and cannot contain all or part of your user name.
Must contain at least: 1 Upper Case, 1 Lower Case, 1 Numeric and 1 Special Character (e.g. !,@,%,#)

Physician Name
Doctor Miller

User Name *

First Name *

Last Name *

Email Address *

Re-enter Email Address *

Choose Password *

Confirm Password *

Security Question 1 *

Security Answer 1 *

Security Question 2 *

Security Answer 2 *

Access Role *

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Staff Registration – Group/Facility/Ancillary

For the office staff user of a Physician office to register, the following information must be entered:

1. Group/Facility Name is auto populated
2. Select Location - select a provider Location if NPI and TIN has multiple provider
3. Enter User Name
4. Check Availability - user will need to click on to ensure user name is unique
5. Enter First Name
6. Enter Last Name
7. Enter Email Address
8. Re-enter Email Address
9. Enter Choose a Password
10. Enter Confirm Password
11. Enter Security Question 1 (ie. What is your favorite drink")
12. Enter the Security Answer 1 (ie. Water)
13. Enter Security Question 2
14. Enter the Security Answer 2
15. Select the following values for Access Role

Click Submit to continue

Click Cancel to return to previous page

Provider Registration

Fields marked with * are required

Select Registration Type
 Physician Group / Ancillary / Facility Staff Registration Vendor

* Select one of the following registration types:
 Physician Group / Ancillary / Facility

Enter
Tax ID * And NPI *

Passwords must be a minimum of 8 long and cannot contain all or part of your user name.
Must contain at least: 1 Upper Case, 1 Lower Case, 1 Numeric and 1 Special Character (i.e. !@#%&)

Group / Facility Name Select Location

User Name *

First Name * Last Name *

Email Address * Re-enter Email Address *

Choose Password * Confirm Password *

Security Question 1 * Security Answer 1 *

Security Question 2 * Security Answer 2 *

Access Role *

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