NEW PROVIDER SET-UP REQUEST

Congratulations on adding a new provider!

The following pages are be used to complete configuration of your EPM, EHR, e-Prescribing, Patient Portal, and/or HQM settings. Complete each section carefully and completely as errors or omissions will impact billing, clinical documentation, and federal program participation.

How Long Does the Process Take?

We ask that practices notify TSI Healthcare at least 6 weeks prior to the start date of the provider. If you are aware prior to six weeks, we always welcome even earlier notice as it gives our team and your practice extra time to prepare, schedule patients, and review configuration.

What Steps Are Involved?

1. Client notifies TSI Healthcare and submits new provider set-up request form
2. TSI Healthcare completes system license audit and reconciliation (2-5 business days)
3. TSI Healthcare provides a quote to client for new license and/or training, if applicable (2-3 business days)
4. Client reviews, signs, and returns quote (varies)
5. TSI Healthcare orders license, obtains, and applies new NextGen keys. Assigns set-up and/or training resources (if training requested) (5-10 business days)
6. TSI Healthcare configures system settings and contacts practice to schedule training (if training requested) (3-5 business days)

Complete each section *carefully* as errors will impact billing, clinical documentation, and federal program participation.

PROVIDER INFORMATION

Section 1 – Demographics- ALL FIELDS REQUIRED. If a field is not applicable, please notate N/A

Practice Name		Contact Name		Today's Date	
Contact Email		Contact Phone			
If Using Existing License, Name of Existing Provider Departing			Departure Date		
New Provider Full Name		Degree (MD, NP, etc)			
Date Provider Arrives at Practice		First Day Seeing Own Patients			
New Provider Email Address					
DEA License		Medical License		Taxonomy	
Individual NPI		Group NPI		Billing Tax ID	
Status	☐ Full Time ☐ Part Time *(< 18 hrs/week)*	Hours Worked Per Week *(estimate)*			

Section 2 – Special Billing Configuration- For "Incident To" and midlevels only. Otherwise, proceed to section 3.

Set Up "Incident To" For	☐ ALL Payers ☐ SOME Payers ☐ NO Payers	Supervising MD *(if applicable):*	
Please provide details regarding how they should bill out or provide the name of another existing provider with the *exact same* billing set-up.			

Section 3 – System Usage- ALL FIELDS REQUIRED. If a field is not applicable, please notate N/A

The Practice/Provider Will Need To Be Set Up For	☐ Billing ☐ Scheduling ☐ Prescribing ☐ Charge Pass Through
NextGen Licenses Needed	☐ EPM ☐ EHR ☐ Add-On Modules *(ex Portal, Patient Education, etc)*
Practices With Multiple Locations: At which locations will the provider be seeing patients?	
ePrescribing: Should refill requests be associated to an existing EHR work group?	☐ Yes; assign to workgroup named: ☐ No
Portal: Should portal messages be directed to the provider or delegated to an assigned nurse/MA?	☐ Send portal messages directly to the new provider ☐ Send portal messages to:
MIPS: Has the provider previously reported data to CMS?	☐ Yes, at previous practice for ___ years. ☐ No, this will be first year. For both: We recommend verifying with the provider whether they will receive incentives/penalties while at your practice based on previous performance.
How will the new provider be trained on using NextGen?	☐ Internal Training by Practice Staff ☐ Interested in Training by TSI Healthcare (may be billable, 7-10 day notice required)

PROVIDER SIGNATURE

The provider must **sign this section TWICE**. Once in each box. These signatures affirm the information above is correct and will be scanned for use in the EHR if applicable. When signing, **DO NOT CROSS OR INTERSECT THE GRID LINES**. Signatures crossing or intersecting grid lines will require form resubmission.

E PRESCRIBING VENDOR RELEASE (NEXT PAGE; FOR PROVIDERS USING EHR)

Complete the next page section only if your provider has e-Prescribed through another facility in the past. **Leave the "Surescripts Case Number" and "Effective Date" fields blank**. **Do not fax the next page to the number listed on the Superscripts form**. We will complete those fields and submit to Surescripts on your behalf. Return to TSI Healthcare as part of this packet.

RETURN PAGES 2 & 3 TO HELPDESK@TSIHEALTHCARE.COM

surescripts®
The Nation's E-Prescription Network

☐ **Switching Vendors**
Ex: The prescriber already e-Prescribes but will be using a new software solution.

☐ **Adding a New Refill Capable Location w/ a New Vendor**
Ex: The prescriber wants to setup a new e-Prescribing capable location with the refill service level at a new physical address and with a new vendor.

Section I: Prescriber Information
** Prescriber First & Last Name:

_____

* * Practice/Clinic Name:

_____

** Practice Address:

_____

_____

** Phone Number:

( ) _____ — _____

** Fax Number:

( ) _____ — _____

** NPI Number:

_____

** DEA Number:

_____

Surescripts Case Number:

_____ N/A _____

Section II: New Vendor Information:
*Vendor Name: (Surescripts is NOT a vendor)

_____ TSI Healthcare/NextGen _____

Select e-Prescribing Services:

☐ **NEWRX**   **Med History** ☐

☐ **REFILL**   **Eligibility** ☐

*Effective Date: _____ / _____ / _____

*Authorized By: (Sign & Print)

_____

By signing the above I hereby certify that I am authorized by the prescribing physician to make changes on their behalf.

Please allow up to 48 hours for your request to be completed.

General Instructions
- Prescriber or prescriber's representative (i.e., office manager) must complete this form.
  - **All fields marked with an asterisk (**) are required. Incomplete forms will not be processed.**

Section I: Prescriber Information
- All fields are required (except Practice/ Clinic Name if one does not exist).

- If both DEA and NPI are available, then please supply both. Otherwise only ONE is required.

- PO Box number cannot be included in the address.

- Please ensure that the fax number provided is one to which refill requests can be faxed in the event of a network issue.

- **Surescripts Case Number: Your** *new* **ePrescribing software vendor (TSI Healthcare/NextGen) will process this form and create a Surescripts case to track this change request on your behalf.**