

Using the HealthX Provider Portal



Creating an account

To access the provider site, type “provider.healthx.com” into your browser’s address bar. On the left side, under the log-in box, click on “Sign-up”.

The screenshot shows the Healthx Provider Services Portal. At the top, there is a blue header with the Healthx logo and the text "Provider Services Portal". Below the header, there are two tabs: "Home" and "Getting Started". On the left side, there is a "Login" section with a "Username:" field, a "Password:" field, and a "Login" button. Below the login fields, there are links for "Forgot your password?" and "Forgot your username?". Below the login section, there is a "Sign-Up" button circled in red, with the text "If you are a new user, click Sign-Up to create your account. Otherwise type your user name and password and click the login button." On the right side, there is a large image of a male healthcare provider in a white coat. To the right of the image, there is a welcome message: "Welcome to the Healthx Provide Portal. This HIPAA compliant gives healthcare providers fr access to useful patient inf Healthx works closely with administrators throughout the provide this convenient service". Below the welcome message, there is a section titled "System features allow provider" with a list of features: "> View eligibility status of patients", "> Determine status of claims", "> Confirm payment of claims", "> Review plan documents", "> Confirm PPO networks", and "> And much, much more!".

To use the site, you need to read the provider agreement and click on the “Agree” button.

The screenshot shows a dialog box titled "Required for Logon". Inside the dialog box, there is a section titled "Provider Agreement". Below the title, there is a paragraph of text: "License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive,". At the bottom of the dialog box, there are two buttons: "Agree" and "Disagree".

Fill in the required contact information and click "Next".

Step 1 of 5

Provider Registration

Contact Information

Please fill in your contact information.

*First Name:

*Last Name:

*Email Address:

*Email Confirm:

In Step 2, type in your provider address and click "Next".

Step 2 of 5

Provider Registration

Provider Address Information

Please fill in the address of your facility or practice

*Address1:

Address2:

Address3:

*City:

*State:

*Zip:

*Country:

Type in your provider Tax ID number(s), contact name, contact phone number (must follow the specified format or it will return an error), name of practice, and primary specialty. If you do not see your primary specialty listed, please use "other" from the drop-down menu. When finished, click "Next".

*TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

TaxID:

*Contact Name:

*Contact Phone: (###) ###-#### ext. ###

*Practice Name:

Primary Specialty: ▼

National Provider ID:

< Previous Next > Cancel

The next step is account information; create a user name and password. Usernames need to be from three to thirty characters in length; passwords need to be at least eight characters in length and may consist of letters or numbers. Here too is where you need to enter a hint question and answer. This verifies who you are in the event you lose or forget your password; it is not a password hint.

Step 4 of 5

Provider Registration

Account Information

Please choose your account information. This is the information you will need to login to the system and will be used in case of a forgotten password.

*User Name:	<input type="text" value="GenUser"/>	Must be 3 to 30 characters consisting of letters(a-z), numbers(0-9), an underscore (_), a dot (.), or a dash (-).
*Password:	<input type="password" value="••••••••"/>	Your password must be at least eight (8) characters long (alpha-numeric characters only) and contain no spaces.
*Confirm Password:	<input type="password" value="••••••••"/>	Your password must be at least eight (8) characters long (alpha-numeric characters only) and contain no spaces.
*Hint Question:	<input type="text" value="hint question"/>	In the event you forget your password you will be prompted with this question to allow your password to be viewed.
*Hint Answer:	<input type="text" value="hint answer"/>	In the event you forget your password this will be the answer to the question above.

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Next >

Cancel

Click “Next”; you will be rewarded with a screen stating “Registration Complete”.

Step 5 of 5

Provider Registration

Registration Complete

You have successfully completed the registration process. Click "Finish" to log in to the system.

Username: GenUser

First Name: generic
Last Name: account
E-Mail Address: support@cnichs.com
Address1: 6251 Greenwood Plaza Blvd
Address2:
Address3:
City: Greenwood Village
State: CO
Zip: 80111
Country: US

TaxID: 999999999
Contact: Gen User
Phone: (303) 749-1162
Practice Name: CNC Support
Specialty: Other
National Provider ID:

[< Previous](#) [Finish](#)

Clicking on the “Finish” button will take you to your home page, where you can immediately start using the features of the provider site.