

PROVIDER PORTAL ENROLLMENT FORM

This form must be completed in order to be assigned a secure login to the Provider Portal located at htaprd-provider.nirvanahealth.com. You will receive an email notifying you of your login information. If you have questions, please call Provider Services at 1-844-806-8217 option 5.
Submit your completed form including all pages and attachments by email.
Email: providerconciierge@htanc.com

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. Please complete this section for the admin role you would like. All other users will be added by the admin role.			
Name of Practice:			
First Name:	M.I. (optional):	Last Name:	Suffix (optional):
Email Address:		Phone Number:	
Billing Provider NPI:		TIN:	
Mailing Address			
Street:			
City:	State:	Zip Code:	