



HEALTHCARE YOU CAN FEEL GOOD ABOUT

5455 Garden Grove Blvd, Westminster, CA 92683

Provider Portal Account Request Form

Thank you for requesting access to the **Cerecons** provider portal!

Submit form via fax to: Brand New Day, Attn: Provider Data Management

Fax: 714-933-4813

- New User**
- Password Update**
- Access Issue**

Provider / Practice Name:

(Please list or attach separate sheet for multiple accounts)

Practice Phone Number: _____

Practice FAX Number: _____

Practice Address, City, State, Zip: _____

NPI Number: _____

Tax ID Number: _____

Authorized User Name: _____

(Please Print Name)

Email Address: _____

Phone Number: _____

I understand that I am requesting access to claims and eligibility data that is protected under HIPPA, and this data may not be used for any other purpose than that permitted by law. Unauthorized use or disclosure of this information may result in civil or criminal penalties. I agree to take appropriate measures to prevent unauthorized use or disclosure and to report any such unauthorized disclosure promptly. I further agree not to share my login information with any person.

Once you have submitted your request, you will receive an email response within 24 hours with account detail information and instructions for logging in to the Cerecons Provider Portal.