

Qualitrac® Registration: DocuSign® Process Tip Sheet

The below tip sheet outlines the steps the Provider Executive and the Authorized Official complete for the Qualitrac Registration DocuSign process.

Process for the Provider Executive

The first web page that pulls up is the PowerForm Signer Information.

Note: The Provider Executive is the duly authorized representative permitted to bind your organization and agrees to the terms and conditions of the Provider Portal Agreement. This is usually someone with the title of Owner, CEO, President, Director, etc. The role of Provider Executive only grants the Authorized Official access. A Provider Executive will not be provided with an account.

Tour Marine.	
Provider Executive's Name	
Your Email: *	
PEabc@gmail.com	
signers needed for this document.	
Authorized Official	
Authorized Official Name: * Authorized Official's Name	
Authorized Official Name: * Authorized Official's Name Email: *	

Figure 1: Example Screen Shot Showing the PowerForm Signer Information



Step 1. Check box to agree and click continue.

Please read the <u>Electronic Record and Signature Disclosure</u>.

- Step 2. Read the Welcome, Roles & Responsibilities, and the Registration Steps.
- Step 3. Provider Agreement:
 - a. Type in the Authorized Officials Name (the person you want to function as the Authorized Official.
 - b. Add Organization Name and the Organization NPI.brand

elligen, Inc. – Qualitrac Provider Portal Regi	stration	Page
Provider Execu	tive Agreement	
he Provider Executive Agreement must be co presentative permitted to bind your organiz greement.	mpleted and signed by a duly ation(s) to the terms and con	authorized ditions of th
Provider Executive's Name		
(Provider Executive)		
esignate First and Last Name of Auth	orized Official	to be the
uthorized Official for the Qualitrac Provider ganization(s)	Portal on behalf of the follow	ing
Organization Name	Organizati	on NPI(s)
BC, LLC	123456789	
understand that the designated Authorized Serve as the point of contact for the of Verify the identity of individual provice Add or remove Provider Users as requ Monitor Provider Portal usage to ensi security and confidentiality procedure Reset user passwords when necessar	Dfficial will be responsible to: rganization(s) ler users in the organization(: uired to support the organizat ure that Provider Users maint ts /	i) ion(s) ain prop
agree to abide by the Provider Portal Terms	of Use. I understand that as	a securi

Figure 2: Screen shot example showing the Provider Executive Agreement

- Step 4. Signature of Provider Executive
 - a. Click on Signature, Adopt and Sign.
 - b. Enter Title: Owner, CEO, President, Director, etc.
 - c. Enter Phone number.
 - d. Click FINISH as the Provider Executive process is now complete.



Done! Select Finish to send the completed document.		FINISH	FINISH LATER	OTHER ACTIONS *
	@ Q ≚∗ = 0			
DocuSign Envelope II C C C C C C C C C C C C C C C C C C	b. DeGaBB14-4871-4CC1-96AD-38980DE59089 Telligen, Inc. – Qualitrac Provider Portal Registration Difficial(s) for my organization(s). I may also be asked to verify those inn have been given access to the Provider Portal. I agree to respond in a j to all inquiries. Any violation of the above may be grounds for immedia this agreement and/or access. Signature of Provider Executive 's Name Full Name: Provider Executive 's Name Signature: Provider Executive 's Name Finder Executive 's Name Finder Executive 's Name Finder Executive 's Name Finder Executive 's Name Signature: Provider Executive 's Name Signature: Signature:	Page 4 dividuals who prompt manner ate termination of		

Figure 3: DocuSign Screen Shot showing the Location of the FINISH Button

- Step 5. DocuSign will send a link to the Authorized Official in order to complete their section of the packet.
- Step 6. You will now have the option to save a copy of your document and can Exit DocuSign.

Process for the Authorized Official

The Authorized Official will serve as point of contact for the organization and be responsible for managing Provider User Accounts; adding or removing Provider Users as required to support the organization.

The Provider Executive enters the Authorized Official email address on the PowerForm (refer to the Process for the Provider Executive). The Authorized Official should receive an email containing an access link to start the next steps in the DocuSign process.

Step 1. Clicking the link from the email will direct a user to a web page displaying a with a message that a document is ready to review and sign.



Figure 4: DocuSign Screen Shot showing the Review Document Button



Step 2. Click the Review Document button. This will take you to the DocuSign document already in progress that was initiated by the Provider Executive.Step 3. Next, click on the Continue button to review the document.





Step 4. Please read the packet. Authorized Official information starts on page 6.
Step 5. On Page 6 - Click on signature Box and use a saved signature or adopt a new signature, then enter your title.

Telligen, Inc. – Qualitrac Provider Portal Registration	Page 6
 To prohibit the unauthorized disclosure of files or information derived from the of the Qualitrac Provider Portal. To comply with all laws at all times during the term of this Agreement. This agreement is subject to change at any time. 	ne use
By accepting this agreement, the Authorized Official agrees to abide by all provisi out in this Agreement for protection of the data and acknowledges having receive notice of the potential criminal, administrative or civil penalties for violation of th terms of this agreement. Any violation of the above may be grounds for immedia termination of this agreement and/or access pursuant to the Provider Portal Terr Use.	ons set ed ie te ns of
Authorized Official Signature:	
Full Name:	
Signature: Authorized Official's Name	
Title: Billing Supervisor	
Date: 3/30/2023	

Figure 6: DocuSign Screen Shot showing the Authorized Official Signature



Step 6. On Page 7, complete all required fields and sign as the Applicant.

*NOTE: All fields m	narked with an asterisk are required and must be completed	
	Access Request	
*Request Date:	*Full Name:	
4/5/2023	Authorized Official's Name	
*Business E-Mail A	Address:	
*lob Title		
Dilling Super	nvison	
BITTING Super	171501	
*Business Name:		
ABC, LLC		
*List the Medicaid		
List the medicald	State you are requesting access to:	
Idaho and Wyom	i State you are requesting access to:	
Idaho and Wyom	d State you are requesting access to: ning r Identifier (Organization NPI):	
Idaho and Wyom *National Provider 123456789	d State you are requesting access to: ning r Identifier (Organization NPI):	
Idaho and Wyom *National Provider 123456789	d State you are requesting access to: ning er Identifier (Organization NPI): *Business Address:	
Idaho and Wyom *National Provider 123456789 Street	d State you are requesting access to: ning r Identifier (Organization NPI): *Business Address: City State ZIP	
Idaho and Wyom *National Provider 123456789 Street 1234 Snow Street	t State you are requesting access to: ing r Identifier (Organization NPI): *Business Address: City t Nowhere ID 999	•
Idaho and Wyom *National Provider 123456789 Street 1234 Snow Street *Work Phone:	d State you are requesting access to: ting r Identifier (Organization NPI): *Business Address: City State ZIP t Nowhere ID 1999 Extension: Fax:	,
Idaho and Wyom *National Provider 123456789 Street 1234 Snow Street *Work Phone: 999-999-9999	d State you are requesting access to: ting tr Identifier (Organization NPI): *Business Address: City t Nowhere ID P99 Extension: 1234) 999
Idaho and Wyom *National Provider 123456789 Street 1234 Snow Street *Work Phone: 999-999-9999	d State you are requesting access to: ting *Business Address: City State ZIP t Nowhere ID 999 Extension: Fax: 1234 Signatures Required	,
Idaho and Wyom *National Provider 123456789 Street 1234 Snow Street *Work Phone: 999-999-9999 *Applicant:	d State you are requesting access to: ting r Identifier (Organization NPI): *Business Address: City State ZIP t Nowhere ID 999 Extension: Fax: 1234 Signatures Required *Date:	,

Step 7. To complete the process, click the Finish button, which can be found both at the top and bottom of the screen.





