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.

Provider Executive

Your Name: *

    Provider Executive's Name

Your Email: *

    PEabc@gmail.com

Please provide information for any other signers needed for this document.

Authorized Official

Name: *

    Authorized Official's Name

Email: *

    AOabc@gmail.com

    BEGIN SIGNING

Figure 1: Example Screen Shot Showing the PowerForm Signer Information

Step 1. Check box to agree and click continue.

Please read the Electronic Record and Signature Disclosure.
☑ I agree to use electronic records and signatures.

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

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Provider Executive Agreement

The Provider Executive Agreement must be completed and signed by a duly authorized representative permitted to bind your organization(s) to the terms and conditions of this agreement.

I _____Provider Executive's Name_____
          (Provider Executive)

designate [First and Last Name of Authorized Official] _____to be the Authorized Official for the Qualitrac Provider Portal on behalf of the following organization(s)

Organization Name	Organization NPI(s)
ABC, LLC	123456789

I understand that the designated Authorized Official will be responsible to:
- Serve as the point of contact for the organization(s)
- Verify the identity of individual provider users in the organization(s)
- Add or remove Provider Users as required to support the organization(s)
- Monitor Provider Portal usage to ensure that Provider Users maintain proper security and confidentiality procedures
- Reset user passwords when necessary

I agree to abide by the Provider Portal Terms of Use. I understand that as a security measure I may be contacted to verify my position and the designated Authorized

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.

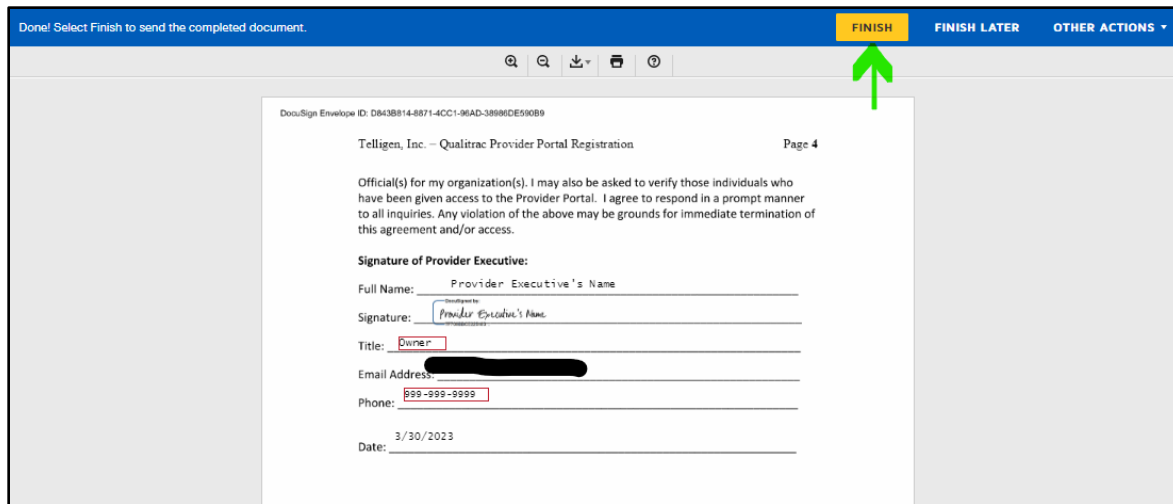   d. Click FINISH as the Provider Executive process is now complete.

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.
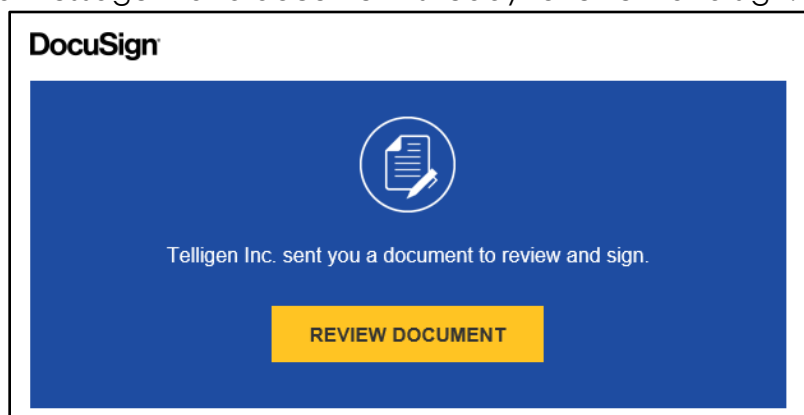

Figure 4: DocuSign Screen Shot showing the Review Document Button

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.

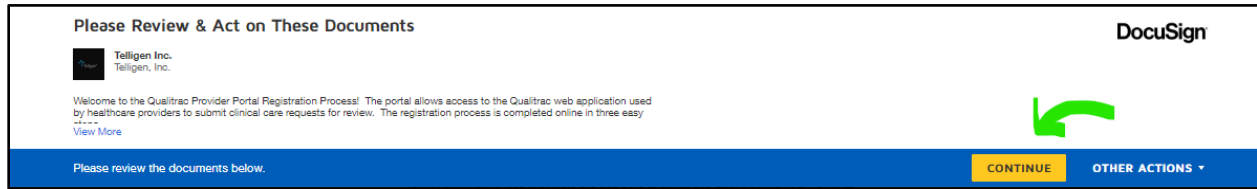Step 3. Next, click on the Continue button to review the document.

Figure 5: DocuSign Screen Shot showing the Continue Button

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.

Figure 6: DocuSign Screen Shot showing the Authorized Official Signature

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

Authorized Official Registration Form

*NOTE: All fields marked 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 Address:

*Job Title:

Billing Supervisor

*Business Name:

ABC, LLC

*List the Medicaid State you are requesting access to:

Idaho and Wyoming

*National Provider Identifier (Organization NPI):

123456789

*Business Address:

Street	City	State	ZIP
1234 Snow Street	Nowhere	ID	99999

*Work Phone:	Extension:	Fax:
999-999-9999	1234	

Signatures Required

*Applicant:	*Date:
DocuSigned by: Authorized Official's Name B3FF2AF52AE6498...	4/5/2023

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

FINISH