

XELSOURCE HEALTHCARE PROVIDER PORTAL (HCP) ENROLLMENT FORM & CONFIDENTIALITY AGREEMENT



TELEPHONE 1-844-935-5269 | FAX 1-866-297-3471 | HOURS 8:00 AM TO 8:00 PM ET, M-F

Complete the information below to request user log-ins. Provide your HCPs information to access the XELSOURCE HCP Portal. By completing this form, each user listed below will receive an account-activation link in their email.

Note: Healthcare provider's signature and Group or Individual NPI number must be included in order to receive access to the XELSOURCE HCP Portal. At least one healthcare provider is required below. **Attach a copy of the driver's license/state-issued photo ID for each user listed below to provide their address.**

Healthcare Provider Authorization

By signing this form, I hereby request that I be provided access to the XELSOURCE HCP Portal. I certify I am managing the treatment of patients who are participating in or who have been referred to XELSOURCE.

I understand that the information contained in the XELSOURCE HCP Portal constitutes protected health information under the Health Insurance Portability and Accountability Act. I acknowledge and agree that I may not share my log-in name and password or disclose any information I obtain from the XELSOURCE HCP Portal to any other individual or entity. I agree to report any abuse or misuse of this system to XELSOURCE.

First Name	Last Name	Signature	Role (Circle One)	NPI (if Prescriber)	Email	Date
			<input type="checkbox"/> Prescriber <input type="checkbox"/> Office Staff			
			<input type="checkbox"/> Prescriber <input type="checkbox"/> Office Staff			
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Please fax the completed form to 1-866-297-3471 or email it to CITE@sonexushealth.com. Requests for log-in IDs will be processed within 1-2 business days. You will receive an email once the prescriber(s) validation is confirmed.



