

## PROVIDER AUTHORIZATION & CONFIDENTIALITY AGREEMENT

**XELSOURCE**<sup>SM</sup>  
Answers and Support

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

**Office Staff: Complete the information below to request a user log-in. Provide your healthcare provider(s) (HCP) information to access and track patient's status through the XELSOURCE HCP Portal. By completing this form you will receive one username and one password.**

**Note:** Healthcare provider's signature and NPI number must be included in order to receive access to the XELSOURCE HCP Portal. At least one healthcare provider is required below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### Healthcare Provider Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ NPI Number \_\_\_\_\_

► **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ NPI Number \_\_\_\_\_

► **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ NPI Number \_\_\_\_\_

► **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fax the completed form to 1-866-297-3471. Requests for log-in IDs will be processed within 1-2 business days. You will receive two emails from XELSOURCE:

- 1** Email containing your log-in ID
- 2** Separate email containing your password

### Healthcare Provider Authorization

By signing this form, I hereby request that I be provided access to the XELSOURCE HCP Portal. I certify that I have submitted patient enrollment forms to XELSOURCE and that I am managing the treatment of the patients for whom I have submitted an enrollment form. 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.

