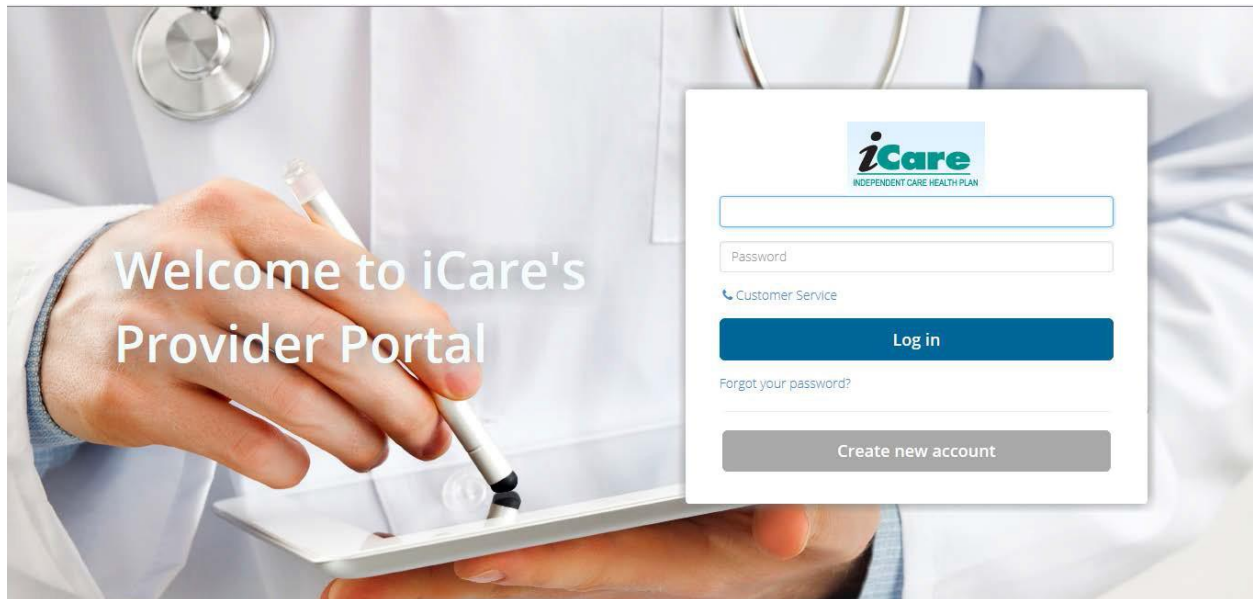


iCare Provider Portal Registration Guide



To complete the registration process, providers will receive a Provider Identification Number (PIN) letter containing your unique PIN. If you have not received your PIN letter, please contact *iCare* at NetDev@iCarehealthplan.org to obtain your unique PIN.

If you have problems registering, please contact *iCare's* Provider Outreach at ProviderOutreach@iCarehealthplan.org for assistance.

Access the Provider Portal from iCare's website:

https://www.icarehealthplan.org/Provider/Provider_Portal.htm



Click "Create New Account"

Step 1 – Click "provider" to register as a provider

Step 2 – Enter the Full Name of Provider/Facility, Federal ID (aka TIN) and Provider ID (PIN), **EXACTLY** as provided in the PIN letter. Click 'Verify'

- The portal is case and character sensitive. If the information is not entered with exact case, spacing, symbols or numbers provided, you will not be able to register.

Examples:

- If PIN letter indicates: GREAT LAKES HOSPITAL, do not use lower case and enter Great Lakes Hospital
- If PIN letter indicates: MILWAUKEE CLINIC, INC. Enter the 'comma' and the 'period', do not use MILWAUKEE CLINIC INC
- If PIN letter indicate: WISCONSIN HEALTH, but name includes LLC, do not add LLC, it will not match what is in our system

Step 3 – Enter Phone Number, Email. Then create a User ID and Password

[Contact](#)

Please enter below information to verify user in the claim system.

Mailing Contact

Street *	City *	State/Province *	Zip/Postal Code *
<input type="text" value="PO BOX 341457"/>	<input type="text" value="MILWAUKEE"/>	<input type="text" value="WI"/>	<input type="text" value="53234"/>
<input type="text" value="Line 2"/>			
Phone *	Email *		
<input type="text" value="Phone"/>	<input type="text" value="Email"/>		

[User ID & Password](#)

User ID *
<input type="text" value="User"/>
Password *
<input type="text" value="Password"/>
Confirm New Password *
<input type="text" value="Confirm"/>

Create Password Recovery Security Questions and click "Register"

If successful, you will receive a confirmation and can click "Log In" to proceed

Confirmation

Congratulations!

Your registration is complete. As an authorized member, you can now view your

- Search & Submit Referrals and Authorization
- Search & Submit Claim
- Patient Eligibility Information

You can now login in the system using username and new inputted password.

[Log in](#)

If you have problems registering, please contact *iCare's* Provider Outreach at ProviderOutreach@icarehealthplan.org for assistance

If any address updates or corrections to the provider record are needed, please complete the Demographic or Affiliation Change form found on our website: <https://www.icarehealthplan.org/Provider-Documents.htm>