Register for the Provider Portal





When registering for the provider portal...

The person from the provider office/practice who completes the registration process automatically becomes the ongoing provider portal administrator for the practice.

Office management

The Office Manager can:

- Delete user accounts for those who no longer require access (i.e., any users who have changed positions or who have left the organization).
- Add new users and send them their login information.
- Validate that any existing user accounts are assigned the correct roles based on job responsibility.

These tasks can be completed in the provider portal by accessing **System Admin** under the **Administration** tab.

To register for the portal, click <u>here</u>.

Existing HealthTrio account

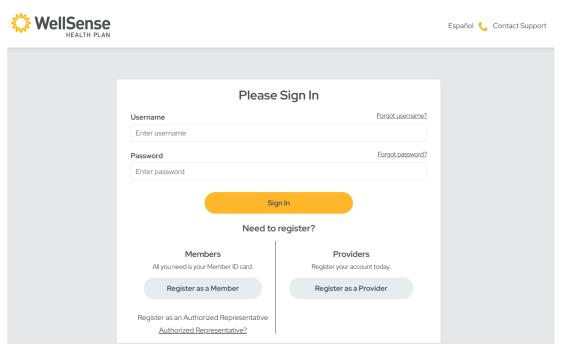
Note: Before beginning the registration process, providers should have available a recent **check reference number** and the corresponding **check payment amount**.

- 1. Visit wellsense.org and click **Login**.
- Log in with your current HealthTrio credentials.
- 3. Verify your information on the **User Information** page and click **Next**.
- 4. On the **Office Information** page, verify office information and provide the requested validation items below, then click **Next**.
 - Check reference number
 - Check payment amount

Continued on next page.

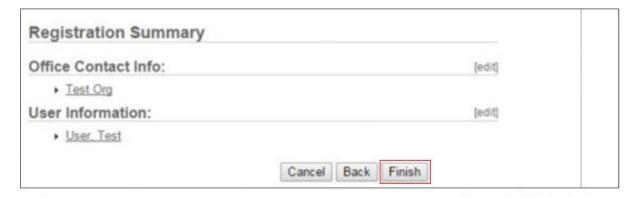


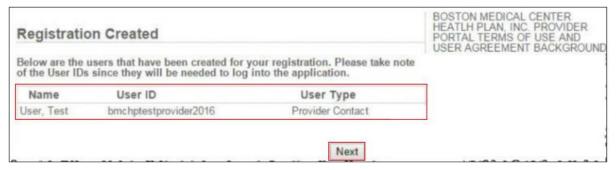




Existing HealthTrio account continued

- 5. Review the information provided on the **Registration Summary** page and click **Finish**.
 - After completing the registration, all individuals registered by your office administrator are displayed on the screen.
- 6. Confirm that the individuals you registered are listed, then click **Next**
- 7. When you reach the **Registration Complete** page, click **Next** to return to the login page.







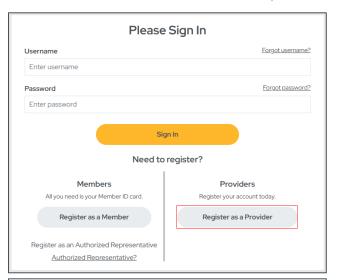


New HealthTrio account users

Note: Registration should be completed by the Office Manager or the main contact for the plan.

- 1. Visit wellsense.org and click Login.
- 2. Select **Register as a Provider** at the bottom of the **sign-in** screen.
- 3. On the **User Information** page, fill in all fields and click **Next**.
- 4. In the PIN field, enter the PIN sent to you via email. Please reach out to bhproviders@wellsense.org if you need a PIN
- 5. On the **Office Information** page, fill in the information as requested, and click **Next**.
- 6. On the **Registration Summary** page, verify the information is correct and click **Finish**.





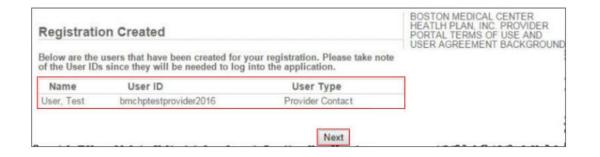
	dress of your office.	
Organization Name *	Practice Name	
Tax ID *	123456789	
PIN		
Check Reference Number		
Check Payment Amount		
	123 Main Steet, Suite 750	
Address *		
Address * City *	Anytown	
	Anytown Massachusetts	

User Informat	tion
Registration should be of your organization.	completed by the Office Manager or main co
First Name *	Middle Initial
Last Name *	
Title	
Email *	
Confirm email *	
Office Phone *	Extension #
Example: (555) 555-5555	Example: 123456
Office Fax	
Example: (555) 555-5555	
Username *	
Password *	
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New HealthTrio account users continued

Once registration is complete, all those registered from your provider office by the office administrator are displayed on the screen.

- Confirm that the individuals you registered are listed, then click **Next**.
- 7. When you reach the **Registration Complete** page, click **Next** to return to the login page.

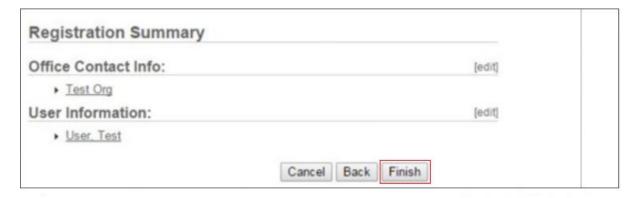


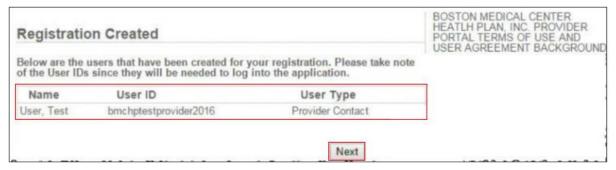




Existing HealthTrio account continued

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New HealthTrio account users

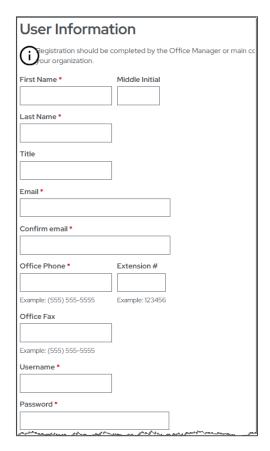
Note: Registration should be completed by the Office Manager or the main contact for the plan.

- 1. Visit wellsense.org and click Login.
- 2. Select **Register as a Provider** at the bottom of the **sign-in** screen.
- In the PIN field, enter the PIN provided to you. (note: email <u>bhproviders@wellsense.org</u> if you do not have a PIN)
- 4. On the **User Information** page, fill in all fields and click **Next**.
- 5. On the **Office Information** page, fill in the information as requested, and click **Next**.
- 6. On the **Registration Summary** page, verify the information is correct and click **Finish**.



Please Sign In					
Username	Forgot username?				
Enter username					
Password	Forgot password?				
Enter password					
Need to	p register?				
Members	Providers				
All you need is your Member ID card.	Register your account today.				
Register as a Member	Register as a Provider				
Register as an Authorized Representative					

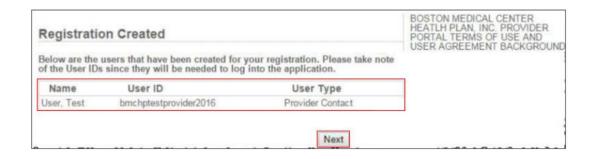
ner the manie and assu	ess of your office.		
Organization Name *	Practice Name		
Tax ID *	123456789		
PIN			
Check Reference Number			
Check Payment Amount			
Address *	123 Main Steet, Suite 750		
City *	Anytown		
State *	Massachusetts		
Zip Code *	02116		



New HealthTrio account users continued

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- 8. When you reach the **Registration Complete** page, click **Next** to return to the login page.







Questions?

Thank you for your time!

Provider Engagement
WellSense Health Plan
bhproviders@wellsense.org