

Provider Registration - BCF Socially Necessary Service Provider

Please Type or Print Clearly

Provider:		Agency ID:	
Address:			
City:		State:	
Phone:		Fax:	
		E-mail:	

WEB Data Submission Confirmation

The practice will directly enter CareConnection® data via the Web Site to obtain prior authorization of:

SNS

Provider's Authorized Data Contact

Data Contact:				
	First Name	Middle Initial	Last Name	
Mailing Address:				
Phone:				Fax:
Data Contact's E-Mail Address:				
Data Contact's Signature				

E-Mail Address for Correspondence

E-Mail Address for Correspondence (Consider the need for correspondence to be received by your practice - you may want to use a common e-mail account or one that you are comfortable sharing with other staff):

Authorization

Authorization: I authorize the aforementioned Data Contact person to represent our practice regarding Information Services related issues and activities with KEPRO. I understand the Data Contact will receive all Data and Information Services related correspondence and information, be responsible for User maintenance for our practice and interface with KEPRO regarding data and I.S.- related issues.

CEO/Owner:				
	First Name	Middle Initial	Last Name	
CEO/Owner:				
	Signature			

Submit to: KEPRO I.S. 1007 Bullitt St. Suite 200 Charleston, WV 25301 Fax: 1-866-473-2354