

KEPRO  
**FQHC & RHC - Provider Registration**

Please Type or Print Legibly

Center Name: _____	Center's NPI _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	Fax: _____	E-mail: _____

**WEB Data Submission Confirmation**

The Center will directly enter CareConnection® data via the Web Site to obtain prior authorization as a  
(Please check the appropriate box below)

FQHC

RHC

**Center'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 Center - you may want to use a common e-mail account that you are comfortable sharing among designated staff or enter additional staff email addresses to ensure your Center receives and reviews correspondence in a timely manner):

\_\_\_\_\_

**Authorization**

I understand the Data Contact and I will receive all correspondence via email. Additionally, the Data Contact will be responsible for approving and requesting deactivation of staff Web User Accounts for your center. Furthermore, I authorize any additional email address (es) in the **Correspondence** section to receive all emails, also.

CEO\Director \_\_\_\_\_  
Email Address

CEO\Director \_\_\_\_\_  
First Name                      Middle Initial                      Last Name

CEO\Director \_\_\_\_\_  
Signature