

KEPRO CareConnection for Behavioral Health Services

WV CHIP - Provider Registration

Please Type or Print Legibly

Provider:	Provider ID
Address:	
City:	State: Zip Code:
Phone:	Fax: E-mail:

WEB Data Submission Confirmation

The provider will directly enter CareConnection® data via the Web Site to obtain prior authorization as a

WV CHIP Provider

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 that you are comfortable sharing among designated staff or enter additional staff email addresses to ensure you receive and review 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 Title