# M PARAMOUNT

# Provider Registration (new user) On MyParamount.org

You have the ability to view member eligibility, benefits, authorizations, view claims, submit professional claims and view EOPs through our online portal, **MyParamount.org.** 

### Creating a New Account

On the MyParamount home page under Provider, select Create an Account.



### **Provider Registration**

### Accept Terms

Read and accept the Terms of Use Agreement. Select Accept.

### Enter Provider Info

Enter the provider *Tax ID* (no punctuation), *Paramount ID Number* or *NPI* (usually the rendering NPIJ, and a *Recent Claim Number* (a processed claim). Note: A claim number is not required for users who will not be reviewing or submitting claims. Select *Next*.







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#### Enter Provider Info (continued)

Select Yes to submit professional claims, otherwise select No for view-only access. Select Next.

y ac	cepbng the Terms of Use for the submission olcla,ms Provider/prov,der's administrator agrees to and certifies the following
1	That 11 is Provider's intent to submit claims through Paramounts MyParamount Portal,
2	That the medical seMCes p!Ovided were medically necessary.
3	That Provider will coxnply With all apphcable federal and state laws.
4	That Provider will coxnply with applicable handbooks and policies and procedures issued by Paramount,
5	That all 1nformabon submitted to Paramount 1s accurate and complete and the subm1ss on ol false claims. statements, documents, or
	concealment ol a matenal laci may be prosecuted under apphcable federal and state laws,
6	To retain all records and documentabon that are necessary to support the full extent of the seMCes I)IOVIded and to provide this 1nformat. Jon to
	Paramount when requested and at no cost

#### **Create Profile**

Complete all fields. Note that the profile being created is for individual use only, not for users to share. Each user must create an individual profile. Select Next.

Your Account Details	Prof ile Informat ion	Securi ty Quest ion	
REQUESTEDUSERNAME '	USER FIRST NAME •	SECURITY QUESTION •	
		What 1s the last name of the teacheri	
PASSWORD	USERLASTNAME'	SECURITY ANSWER •	
Ya. MyParamount pollar passwo, o must be at teast 7 charactersiong ItSIIoo1d incluOe a comc, nauon ot	YOUR EMAIL ADDRESS '	Must be at least 5 characters ,a lengili	
<ul> <li>Uppe,case and lowercase letter.;</li> <li>Numbers().9</li> <li>Aspecialcharacter 1*#S%8'() ** ,* / . &lt;=&gt; ? @ (I J' { 1} -</li> </ul>	Ema \\ beusedforr,assy,o<]1resets, account	CONTACT PHONE NUMBER •	
Donot use • Penod (.)or Unde!Score U • Panor your name, "10te woros. or your ParafIIO#II 10 number		CONTACT CELL NUMBER	
CONFIRM PASSWORD •		Cancel	





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#### Confirmation

Check the email account associated with the profile for a confirmation message. You must click on the link within the email message in order to complete the registration process. Attempts to log in without completing the email confirmation process will result in an error message. Select *Continue* to return to the MyParamount homepage.

My the PARA Affiliate of ProN	Welcome. Login or Register							
Home	Rnd a Provider	FAQs	News	About Paramount				
Provider Regist	ration							
Step 5 of 5 - Conf	irmation							
Thank You! Thank you for creaung you	r onhne account with MyParamount A	II email has been sent to the er	nail address assoc1a <b>7</b>	oor registrauon				
In the event you do not rea the wrong folder rn your e	In the event you do not receive the confirmall<>n email. you should check the junk mail folder of your account as automated messages can be diffected to the wrong folder rn your email							
Continue								

