

KEPRO

Child Advocacy Center, Day Report Center - Provider Registration

Please Type or Print Legibly

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 as a

(Please check the appropriate box below)

Child Advocacy Center

Day Report Center

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 your Practice 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