

Parkland Community Health Plan

Request for Parkland Provider Website Access

Provider Parkland/GEMS ID _____

Provider Name _____

Provider TPI /NPI _____

Provider Tax ID _____

Provider Contact First Name _____

Provider Contact Last Name _____

Provider Contact Email Address _____

Provider Practice Phone _____

Provider Practice Address 1 _____

Provider Practice Address 2 _____

Provider Practice City _____

Provider Practice Zip _____

Provider Practice ST _____

Provider Practice County _____

Provider Billing Phone _____

Provider Billing Address 1 _____

Provider Billing Address 2 _____

Provider Billing City _____

Provider Billing Zip _____

Provider Billing ST _____

Provider Participating Status _____ Par _____ OON _____ Pursuing Contract

Your request will be sent to your Parkland Community Health Plan representative and you will be contacted within 48 hours. Login and password information will be e-mailed to your contact address and will be active immediately.

Please fax to 1.800.240.1131
For more questions, please call:
1.888.672.2277

