

Employer Intake Form

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|  Employer Information |
| Group Name |  |
| Payer Name |  |
| Address |  |
| City, State and Zip |  |
| Tax ID |  |
| Patient Population Count |  |
| Point of Contact/SO |
| Point of Contact Name (First and Last) |  |
| Title |  |
| Email |  |
| Phone |  |
| Secondary Contact |
| Point # 2 of Contact Name (First and Last) |  |
| Title |  |
| Email |  |
| Phone |  |
| Billing Contact |
| Billing Point of Contact Name (First and Last) |  |
| Title |  |
| Email |  |
| Phone |  |
| TPA Point of Contact |
| TPA Point of Contact Name (First and Last) |  |
| Email |  |
| Phone Number |  |
| Account Set Up |
| How long have you been with your current TPA? (Years and Months) |  |
| If less than 3 years with current TPA: Who was your prior TPA and how long were you with them? (Years and Months) |  |
| Do you have access to your claims data through the TPA? |  |
| If yes, do you have access to a file specification or file layout from the TPA? |  |
| Are there any additional data sources to be used in place of the TPA Claims or in addition? (Such as HRA, HSA, or Lab) |  |
| If yes, are you able to provide the file layout or specifications from the generator of the data source. |  |
| Is every employee assigned to a Primary Care Provider? |  |
| Do you have a provider directory? |  |
| Do you use an Employee App or Web Portal? |  |
| Is this App or Portal Single Sign-On? |  |
| Can Employees access their claims data through the App or Web Portal? |  |
| Do you have a Provider Network Association, such as an ACO, that you currently work with? |  |
| Product(Please check all Products you are interested in) |
| Provider Profile (Includes access to the Executive Dashboard) |[ ]
| Patient Lookup |[ ]
| Digital Health |[ ]
| Employer TPA Required Documents – Internal Use\_ |
| Non-Disclosure Agreement Signed? (Y/N and Date) |  |
| BAA Subcontractor Agreement Signed? (Y/N and Date) |  |
| Training Scheduled (Y/N) |  |
| Kickoff Call Date |  |
| JIRA Project |  |