Client Success Center How to: Update Providers



Tell us about a new medical provider

From the homepage, click the **Update My Info** button, and you will be directed to the My Info page.

Navigate to the Medical Providers section to view the providers we have listed on our file.

Jon Snow

	_	ata et Information	Edit		Add		
	Co	ntact Information		Address			
		(333) 444-5678 Home Phone			5000 Ma Str	ain Street eet	
		(555) 444-3210 Mobile Phone			Boston, MA City / State		
	jsnow@gmail.com Emall				1234 Zlp / C	t5 US iountry	
		Y to re	'ou are currently aceive Advocate	y enrolled or Text Alert	S		
			Opt Ou	ıt			
)			
edical Pr	roviders		Add Provi	der <			
	PROVIDER / FACILITY NAME	ADDRESS	CITY	STATE	LAST VISIT	STATUS	
Edit	Dr. Jones	1 Delaware Drive	Boston	MA	6/01/2020	No current visits but possible future visits	
		100 Clancy Circle	Boston	MA	6/12/2020	Still treating	
Edit	Medical Associates of America	100 Claricy Circle	0000011				

To add a new provider, click Add Provider and a window will pop up.

Provider Details * ProvIder / FacIIIty Name FacIIIty DetaIIs	
* Provider / Facility Name	
Facility Details	
FacIIIty Detalls	
* FacIIIty Type	
None	\$
* Specialty	
None	\$
Contact Information	
* Address	
* City	
* State	
* Postal Code	
* Phone	
Fax	
Care Status	
* Status	
None	\$
* First VIsit	
	
* Last Visit	
	· · · · · · · · · · · · · · · · · · ·

Enter the provider details, including name, type, and specialty.

Enter the provider contact infromation, including address, phone, and fax.

Enter your current care status with the provider, including the date of your first, last, and next visits.

When finished, click **Save**.

To edit p	provider details, o	contact info	rmatio	n, or	care st	tatus, click Edit and a windo	w will pop up.
			_	_			
Medical Pro	viders		Add Prov	ider			
	PROVIDER / FACILITY NAME	ADDRESS	CITY	STATE	LAST VISIT	STATUS	
Edit	Dr. Jones	1 Delaware Drive	Boston	MA	6/01/2020	No current visits but possible future visits	
Edit	Medical Associates of America	100 Clancy Circle	Boston	MA	6/12/2020	Still treating	
Edit	Dr. Smith	200 Laurel Lane	Boston	MA	4/15/2020	Still treating	
							_
		ovidor					
•	Pl	ovider					
Provider Det	ails				^		
* Provider / Fac	cliity Name						
Enclithe Dotalla							
Facility Details							
* FacIIIty Type							
Office				\$			
* Specialty							
Pain Manag	ement Specialist			\$			
Contact Info	ormation						
* Address	Drive						
t City							
Boston							
* State							
MA							
* Postal Code							
12345							
* Phone							
(444) 555-1	1234						
Fax	1111						
(222) 333-1	1111						
* Status							
No current v	visits but possible future visits			\$			
* First Visit							
05/15/202	20			苗			
* Last VIsIt	· · · · · · · · · · · · · · · · · · ·				-		
			Cancel	Save		Locate the field(s) you nee change, then click Save .	d to change, make the

You will be unable to edit the provider information for any provider who we have begun requesting records from. The following notice will popup if you attempt to edit the information for one of these providers.

Provider





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