



This form will allow your clinic's profile to be loaded into MyHealthDIRECT.  
Fax this form to 1-888-375-5064 or email it to fcintake@amerigroup.com.

**Organization Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Key Contact Name, Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Site Information:**

Please complete a separate form for each location where services will be performed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Key Contact Name, Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Appointment Confirmations:**

Appointment confirmations can be sent to your site via email and or fax. Using the space below, please indicate your preference by providing a valid email address or fax number.

Name	Email Address	Fax Number

**Holidays/Office Closings:**

Please indicate any dates in which the clinic(s) will be closed in 2014 by inserting a Y (yes) or N (no) in the column to the left of each listed holiday.

	Date	Holiday
	<b>2014</b>	
	Wednesday, January 1	New Year's Day
	Monday, January 20	MLK Day
	Monday, May 26	Memorial Day
	Friday, July 4	Independence Day
	Monday, September 1	Labor Day
	Monday, October 13	Columbus Day
	Monday, November 10	Veterans Day
	Thursday, November 27	Thanksgiving Day
	Friday, November, 28	Day After Thanksgiving

Date		Holiday
	Wednesday, December 24	Christmas Eve
	Thursday, December 25	Christmas Day
	Friday, December 26	Day After Christmas
<b>Additional Closings</b>		

**Service Providers:**

Please list the providers that will be offering calendar availability through MyHealthDIRECT.

Name / Location	M/F	Specialty	Languages spoken

**Appointment Type and Duration:**

Please specify the length for scheduled appointments. If you will be offering more than one appointment slot length, indicate the slot type (Regular, New Patient, Annual Exam, etc.), duration, and if the slot will accommodate multiple patients.

Appointment Type	Duration (in mins.)	Patients Per Slot

**Messaging:**

Please use the provided space for any specific messaging you would like to have printed on the patient confirmation.

- Medicaid/PCK
- Foster Care
- Adoption Assistance

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**Referring Provider Message:**

MyHealthDIRECT has an optional pop-up message that will alert the referring provider of any specific guidelines you want the provider to be aware of before confirming an appointment. These messages will NOT be printed on the patient’s confirmation. Please use the space provided to take advantage of this feature.

**Example:** “Dr. Smith does not see patients under age 15.”

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**Patient Messages – General:**

When an appointment is made through MyHealthDIRECT, the patient will be provided a confirmation form. Please list any messages that you would like to communicate to a new patient regarding your Clinic or Health Center policies. This information will be displayed on the appointment confirmation form provided to patients referred to your location. Please use the space provided to take advantage of this feature.

**Example:** “To change appointment or reschedule, call us directly at XXX-XXX-XXXX.”

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**Marketing Materials**

MyHealthDIRECT also allows you to provide the Referral User up to three documents that could be printed or emailed to the patient at the time the appointment confirmation is made. Acceptable electronic formats are: .txt, .doc, .docx and .pdf. Each document can be up to 1MB in size. If you are interested in this feature, please contact your MHD Client Services Representative.