

myUNM Health

Practice Provider List



Provider Portal Account Request Supplementary Form

Required Information (to be completed by group medical director)

Practice Name _____

Practice Street Address _____

Practice City _____

Practice State, ZIP _____

Required Information (to be completed by group medical director)

Please list the providers that are affiliated with the practice. NOTE: they will not be granted myUNM Health Provider Portal accounts unless they submit the online request form, [Provider Portal Account Requests](#). They will be associated to the group so staff members can access patient data for their patients. This list must be reviewed at least semiannually. Please contact the UNM Health IT department at cerner-accounts@salud.unm.edu to update the provider roster.

Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
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Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____
Provider Full Name	_____	NPI	_____

Medical Director

Last Name _____ **First** _____ **Middle** _____ **Suffix** _____

Title _____

Business Email _____ **Phone** _____

Signature _____ **Date** _____

The providers listed on this document practice in the group indicated. The providers will be associated to the group in the myUNM Health Provider Portal so staff may access their patient’s information. The providers will not be granted myUNM Health Provider Portal accounts; if they wish to have individual access they will need to complete the online request form, [Provider Portal Account Requests](#)