

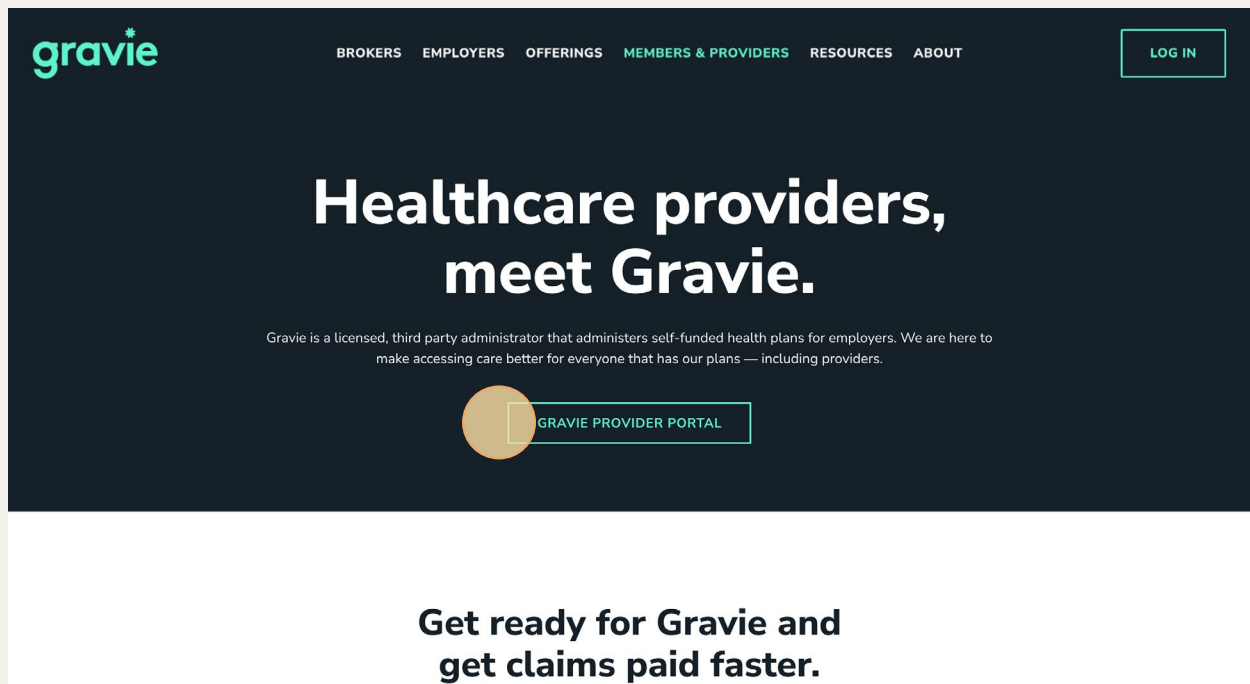


MORE BENEFITS. FEWER ASTERISKS.

Mesa Account Creation Instructions

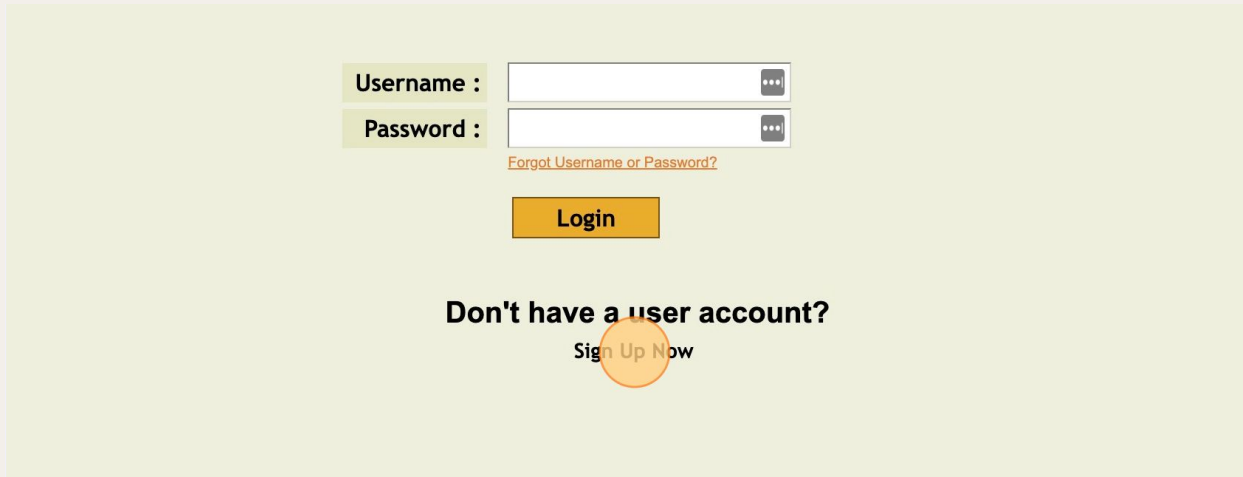
Step 1

Navigate to <https://www.gravie.com/providers> and click the “Gravie Provider Portal” button towards the top of the page.



Step 2

You will be taken to <https://gravie-mesa.javelinaweb.com/>.
On that page, click “Sign Up Now”.



Username :

Password :

[Forgot Username or Password?](#)

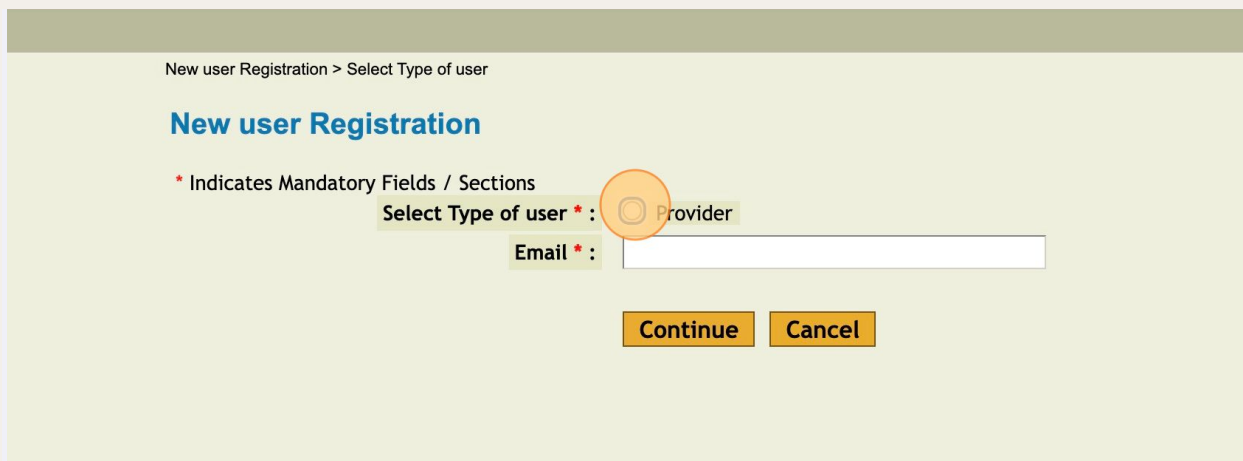
Login

Don't have a user account?

Sign Up Now

Step 3

Click the “Provider” field.



New user Registration > Select Type of user

New user Registration

* Indicates Mandatory Fields / Sections

Select Type of user * : Provider

Email * :

Continue **Cancel**

Step 4

Type in your email and click “continue”.

New user Registration > Select Type of user

New user Registration

* Indicates Mandatory Fields / Sections

Select Type of user * : Provider

Email * :

Step 5

Correctly enter information into the user credential fields and then click “continue”.
Not all fields need to be filled out.

Provider Type * : Physician Facility

Credentials

Facility Tax ID :

Physician NPI :

Facility Name :

Facility Address Line1 :

Facility Address Line2 :

Facility Address Line3 :

Facility City :

Facility State : --Select--

Facility Postal Code :

Physician's First Name :

Physician's Last Name :

License Number :

License State :

Physician's Social Security Number :

Physician's Date of Birth :

Physician's Email Address :

Last Name :

First Name :

Title : --Select--

user Email Address :

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Step 6

If you are found in the system, a facility will populate.
Select the button next to your facility.

New user Registration - Facility Matching Records

Information
System has found one record. If this is the correct one, please click "Continue"

Facility ID(s)	Facility Name	Contact Name	Service Address
<input type="radio"/> Tax ID: [redacted]	[redacted]	[redacted]	[redacted] Phoenix AZ 8505

Step 7

Then click Continue.

Information
System has found one record. If this is the correct one, please click "Continue"

Facility ID(s)	Facility Name	Contact Name	Service Address
<input checked="" type="radio"/> Tax ID: [redacted]	[redacted]	[redacted]	[redacted] Phoenix AZ 8505

Step 8

Create your username and password, then select a security question and answer. Click Continue when finished.

* Indicates Mandatory Fields

Username & Password

Username * : sampleprovider

Password * :

Confirm Password * :

Password Guidelines

- Password should have a minimum of 2 characters
- Password should be less than or equal to 32 characters
- Password should have a minimum of 1 characters in uppercase
- Password should have a minimum of 1 numbers or special characters

Security Question *

Security Question * : Select Question Here

Security Answer * : Type Answer Here

[Continue](#) [Cancel](#)

Step 9

Ensure the information is correct. Next, type your first and last name along with the date to sign the form electronically. Then click continue.

* Indicates Mandatory Fields

Credentials

Provider Type : Facility

Facility Tax ID : [blurred]

Facility Name : [blurred]

Physician's First Name : [blurred]

Physician's Last Name : [blurred]

License State : [blurred]

[Edit](#)

Security Question

Security Question : Select Question Here

Security Answer : Type Answer Here

[Edit](#)

Electronic Authorization Signature

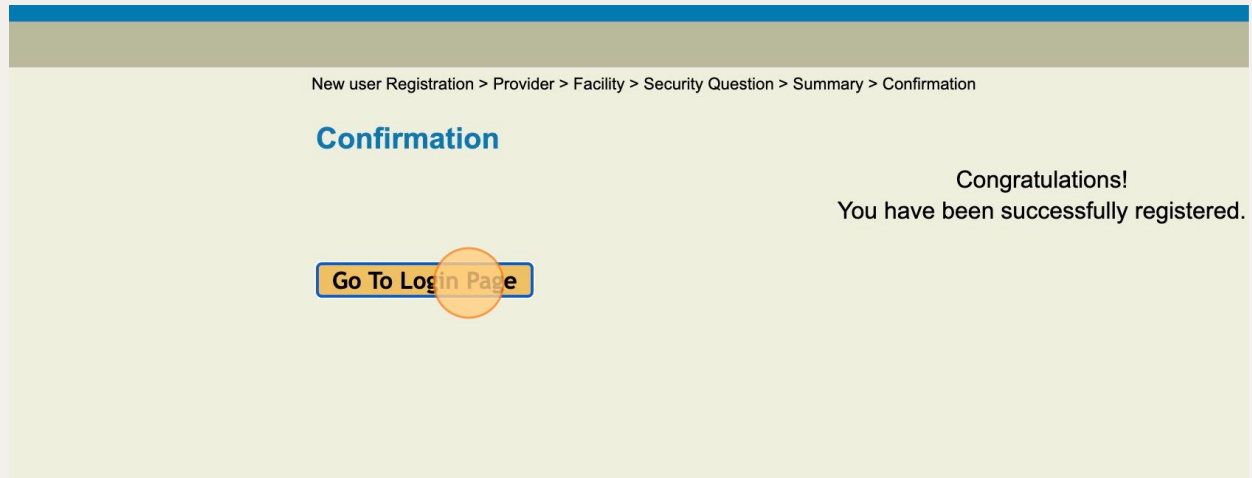
First and Last Name * : [text input]

Date * : [date picker]

[Continue](#) [Cancel](#)

Step 10

You are now registered. Click “Go To Login Page” and you will be taken back to the original login page.



New user Registration > Provider > Facility > Security Question > Summary > Confirmation

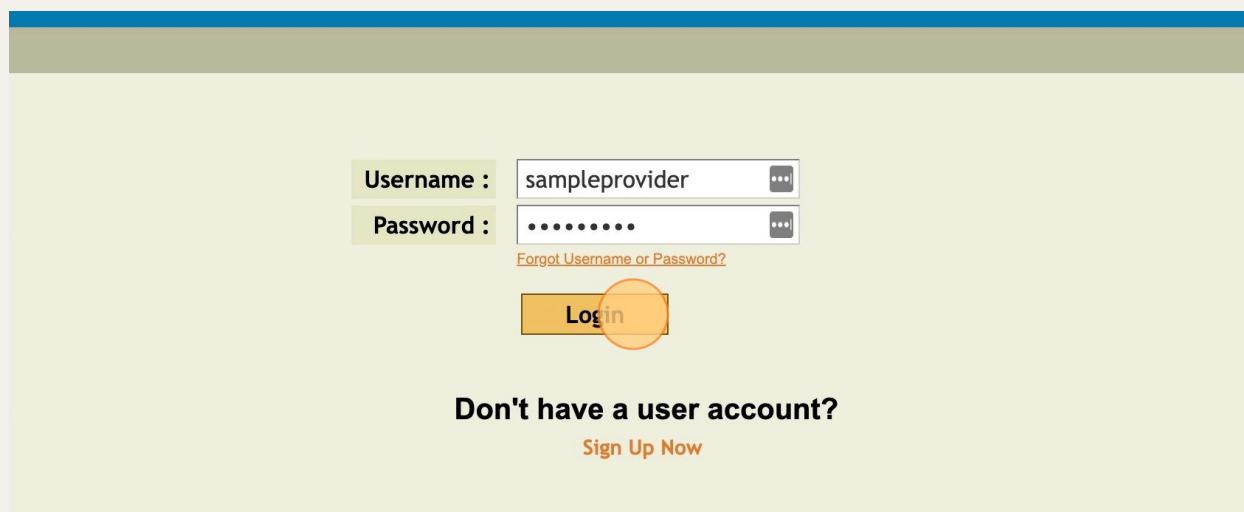
Confirmation

Congratulations!
You have been successfully registered.

[Go To Login Page](#)

Step 11

Type your newly created credentials, hit “Login”, and you will be given access to the portal.



Username :

Password :

[Forgot Username or Password?](#)

[Login](#)

Don't have a user account?
[Sign Up Now](#)