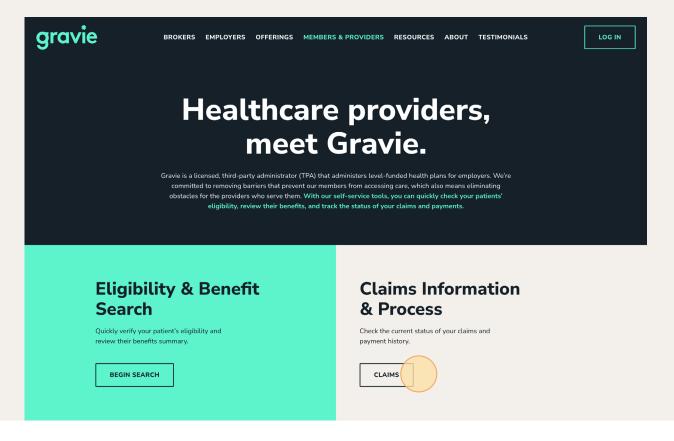


MORE BENEFITS. FEWER ASTERISKS.

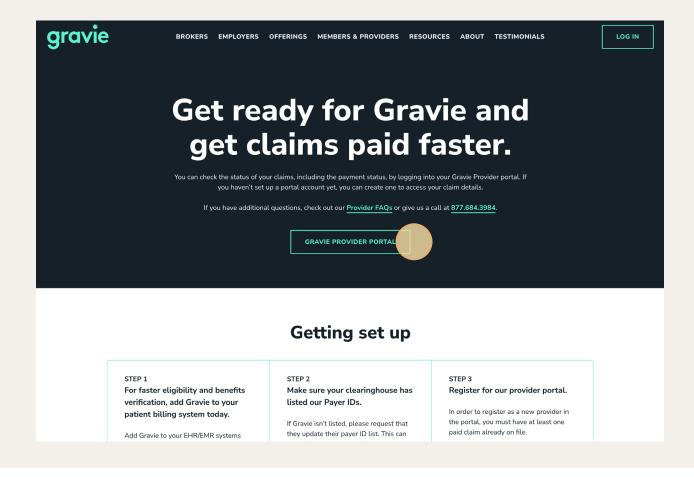
Provider Portal Account Creation Instructions

Step 1

Navigate to <u>https://www.gravie.com/providers</u> and click on the CLAIMS button under *Claims Information & Process*



Click the PROVIDER PORTAL button located near the top of the page.



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

Username :	
Password :	
	Forgot Username or Password?
	Login
Don	n't have a user account?
	Sign Up Now

Step 4

Click the "Provider" field.

New user Registration
* Indicates Mandatory Fields / Sections Select Type of user * : Provider Email * :
Continue Cancel

Type in your email and click "continue".

New user Registration > Select Type of	of user		
New user Registrati	on		
* Indicates Mandatory Fields	Type of user * :	Provider	
Sciect	Email * :	sampleprovider3@gmail.com	
	Linan .	sampleprovidersøgmatteom	
		Continue Cancel	
		Continue Cancel	

Step 6

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

Provider Type * :	O Physician I 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 :	Y	
Physician's Social Security Number :		
Physician's Date of Birth :		
Physician's Email Address :	sampleprovider3@gmail.com	
Last Name : First Name :		
Title :	Select V	
user Email Address :	select	
user Email Address .	Continue	
Javelina ®	About Contact Us Terms & Conditions Privacy Policy Disclaimer by Eldorado, a division of MphasiS Instance ID: 28278c41-5a0c-4571-a9b6-76bc620	3828f

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

				Information
		Syst	em has found one	record. If this is the correct one, please click
	Facility ID(s)	Facility Name	Contact Name	Service Address
0	Tax ID:			Phoenix AZ 850
_	ontinue Se	earch Again	Cancel	

Step 8

				Information
		Syst	em has found on	e record. If this is the correct one, please click "C
	Facility ID(s)	Facility Name	Contact Name	Service Address
•	Tax ID:			Phoenix AZ 8505
	Continue	earch Again	Cancel	

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

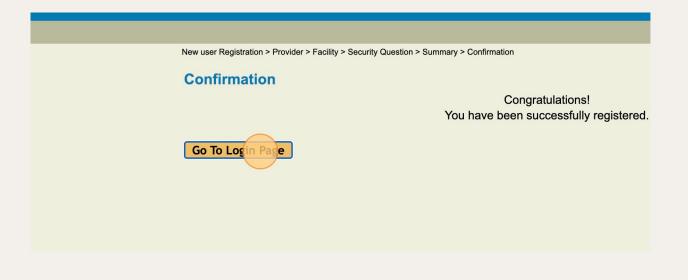
Username & Password	
Username * : Password * :	sampleprovider 🖪
Confirm Password * :	••••••
	Password Guidelines
	 Password should have a minimum of 2 characters Password should be less than or equal to 32 characters Password should have a minimum of 1 characters in uppercase Password should have a minimum of 1 numbers or special characters
Security Question *	
Security Question * : Security Answer * :	Select Question Here Type Answer Here
	Continue Cancel

Step 10

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

* Indicat Credentia	tes Mandatory Fields	
Credentia	als	
	Provider Type :	Facility
	Facility Tax ID :	AND A DECISION OF A DECISIONO
	Facility Name :	
	Physician's First Name :	
	Physician's Last Name :	
	License State :	
Edit		
Security	Question	
	Security Question :	Select Question Here
	Security Answer :	Type Answer Here
Edit	becancy moner i	Type Allswei Tiere
	ic Authorization Signature	
	First and Last Name * :	
	Date * :	
		Continue Cancel

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



Step 12

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

Use	ername :	sampleprovider	—
Pa	ssword :	•••••	
		Login	
	Don	t have a user acc Sign Up Now	ount?

