AMERICAN CHOICE HEALTHCARE POPULATION HEALTH PORTAL ACCESS REQUEST FORM



Business Name:

Auth	orizing Representative	e Information
Full Name:		
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Email:	Phone:	
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Access R	equested for the Follo	owing Individual(s):
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HOW TO ACCESS THE PROVIDER PORTAL



Our provider portal is located at: https://portal.americanchoicehealthcare.com/
AMERICAN CHOICE HEALTHCARE – PATIENT PORTAL QUICK START GUIDE

Overview

We are pleased to offer you the opportunity to access our Population Health Management Platform to aggregate relevant clinical data and robust clinical insights & analytics at the population level to refine patient care. Use this Quick Start Guide to start using the platform.

Logging In

If you encounter issues with logging into the Portal, please send an email to support@americanchoicehealthcare.com for assistance and provide your name, phone number and your Portal User email address (this is also your username)

- Once access has been provisioned, you will receive an email containing the URL site and temporary credentials to access your account
- Enter the email address and password provided and create your own password (must be minimum 12-character alpha/numeric) when prompted
- You can elect to use Multi-factor Authentication (MFA) via your email address or the mobile phone number entered on this Access Request Form
- If you forget your password, click the "Forgot Password?" hyperlink located beneath the Password field. Any account with no activity within 60 days is disabled for security purposes and an email to the support team is required (refer to email address above)

IMPORTANT NOTE: Please review the security agreement at the bottom of page to ensure that you are adhering to HIPAA privacy requirements