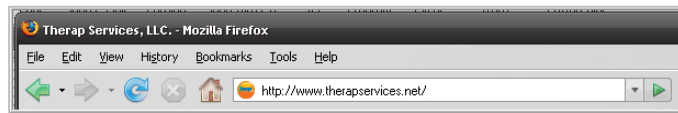


To register with Therap, all agencies are required to complete a Provider Self Provisioning process, which will require entering some basic agency information. You will need to enter the address and phone numbers for your agency as well as identify who will be one of your agency's Provider Administrators (PA). Some of the roles of the PA will include entering Programs, Individuals and Users in your agency. They will also be involved in creating access privileges to maintain HIPAA compliance.

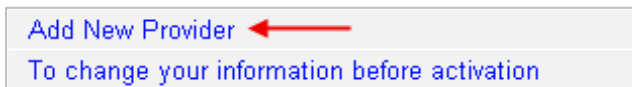
1. To begin the **Provider Self Provisioning** process log on to:



<http://www.therapservices.net/>



2. Next, click on the **PSP** link at the bottom of the Therap webpage.



3. On the next page, click on the 'Add New Provider' link. You will then be taken to the **Agreement Details** page.

Agreement Details

Submitter Information

Name:*

Street Address:*

City:*

State:*

Zip Code:*

E-mail:*

Phone:* (e.g., xxx-xxx-xxxx or xxxxxxxxxx)

Password:*

Password Strength: Strong

Confirm Password:*

Position with the Primary User:*

Has the Primary User specifically authorized you to enter into this Agreement on its behalf?:* Yes No

Please indicate below whether you are acting on behalf of a:* Primary User Secondary User Miscellaneous User

4. Fill out the fields marked with a red Asterisk (*). These fields are required and must be filled out correctly.

- The 'Submitter Information' section has to be filled up by the person who is completing and submitting the form. The address will be the agency address.

Provider Self Provisioning: Delaware

- The Primary User information is your Agency Name. Click on the 'Copy From Submitter Information' link, if the address entered earlier is the same as the agency address.
- 'Person who will have custody of the Override Code' can again be copied from the earlier submission by clicking on the 'Copy From Submitter Information' link on the right. This privilege is still in the process of development and will enable this person to essentially de-activate an account if necessary. Click on the 'Next' button when all required fields are entered.

5. Next, on the 'Provider Information' page, you will find the address fields pre-populated with the data you had entered earlier. You have the option of entering in an additional address if necessary.

Primary User

| | | |
|--|--|---------------------------------------|
| Company Name:* | <input type="text" value="Provider A"/> | |
| Type of entity Corporation:* | <input type="text" value="Corporation"/> | If Other: <input type="text"/> |
| State of incorporation or formation:* | <input type="text" value="DELAWARE"/> | |
| Street Address:* | <input type="text" value="1st Street"/> | Copy From Submitter Information |
| City:* | <input type="text" value="Big City"/> | |
| State:* | <input type="text" value="DELAWARE"/> | |
| Zip Code:* | <input type="text" value="12345"/> | |
| Website address: | <input type="text"/> | |
| Phone:* | <input type="text" value="123-456-7890"/> (e.g., xxx-xxx-xxxx or xxxxxxxxxxxx) | |
| Fax: | <input type="text"/> | |
| E-mail: | <input type="text" value="helper@servername.com"/> | |

Emergency Contact 1

Name:

Phone: **Extension:**

Emergency Contact 2

Name:

Phone: **Extension:**

Person who will have custody of the Override Code

| | | |
|---|--|---------------------------------|
| Name:* | <input type="text" value="Ray Helper"/> | Copy From Submitter Information |
| Street Address:* | <input type="text" value="1st Street"/> | Copy From Primary User |
| City:* | <input type="text" value="Big City"/> | |
| State:* | <input type="text" value="DELAWARE"/> | |
| Zip Code:* | <input type="text" value="12345"/> | |
| E-mail: | <input type="text" value="helper@servername.com"/> | |
| Phone:* | <input type="text" value="123-456-7890"/> (e.g., xxx-xxx-xxxx or xxxxxxxxxxxx) | |
| Position with the Primary User:* | <input type="text" value="Administrator"/> | |
| Login Name:* | <input type="text" value="rhelper"/> | |

Click Here to copy the data from the Primary User section into the fields automatically.

→

The 'Requested Provider Code' (3-6 characters) is a code that every user will be required to enter when logging into your agency account. It must be 3-6 characters and will automatically be followed by your state initials (-DE). We recommend using the initials of your agency and using all caps. For example: for the agency "Genni Maid Services", the provider code entered would be GMS.

Provider Self Provisioning:
Delaware

Enter the information in the other fields and click on the 'Next' button.

Note: The billing options on this screen can remain unchecked at this point.

6. On the 'Provider Administrator Information' page, enter the details of the Provider Administrator of your agency. We recommend entering in your contact phone number and email address. In the 'Employer/Work' field, enter the job title.

The person who is entering in the information will be the first Provider Administrator (PA) for your agency. For the login name, we recommend using all **Lower case** with the first initial of your first name followed by your last name with a '-adm' suffix. For example, for John Doe, the login name would be jdoe-adm.

The password must be of at least 6 characters. To ensure greater security, we recommend using a mix of Upper Case, Lower Case characters and numbers for the password.

If you would like to create multiple Provider Administrator accounts at this point, click on 'Save and add another Provider Administrator' and enter the new Provider Administrator information. You can create as many as you wish at this point. In future, only Therap employees can create a new PA account for you. If you don't wish to enter in another PA, click on the 'Next' button.

Administrator' and enter the new Provider Administrator information. You can create as many as you wish at this point. In future, only Therap employees can create a new PA account for you. If you don't wish to enter in another PA, click on the 'Next' button.

7. On the **View Summary** page, the details that you have entered throughout the process will appear once again. Please review the information to ensure accuracy. When logging in, the login names that you have chosen to use, as well as the passwords, will need to be entered exactly as you have created them, in order for you to access the system in the future.

Once you have confirmed the information, click on the 'Submit' button at the bottom right corner of the page.

Note: Only someone from Therap can re-set your PA password if you do not remember it in the future.

View Summary

Agreement Details

Submitter Name: Jane Doe
E-mail: jane@servername.com
Primary User Name: Provider A
Override Code Custodian: Jane Doe
[Edit](#)

Click here to edit the information appearing in this section.

Provider Information

Provider Name: Provider A
Street Address: 1st Street
County:
City: Big City
State: ND
Zip Code: 12345
Provider Code: TEST-ND
Time Zone: US/Eastern
[Edit](#)

Click here to edit the information appearing in this section.

Provider Administrator Information

| Login Name | First Name | Last Name | Action |
|------------|------------|-----------|--------|
| jdoe-admin | Jane | Doe | Remove |

[Add New Provider Administrator](#)

[Submit](#)

End User Legal Agreement

Please indicate below if you are acting on behalf of a Primary User, a Secondary User or a Miscellaneous User. A Primary User is any entity which (except during any free trial use period) pays Therap Services, L.L.C. so that information about individuals in its care can be entered and accessed on this Website. A Secondary User is any entity which is given free access to this Website by a Primary User because the Secondary User is providing residential, day care or other support services to individuals in the care of that Primary User and such Primary User wants the Secondary User to be able to enter and/or access information on the Website. A Miscellaneous User is any person or entity, other than a Secondary User, which is given free access to the Website by a Primary User.

I am acting on behalf of a Primary User (*)

I am acting on behalf of a Secondary User ()

I am acting on behalf of, or I am, a Miscellaneous User ()

[Click here to view the Price Schedule.](#)

Privacy Policy
 Live Help
 Legal Notice
 Website

8. The last step is to Read and Accept **The End User Agreement**. Click on the 'Display Printable' button if you wish to print the document.

Click on the 'Yes, I accept these terms and conditions' button, to complete the registration process for your agency.
