CIMplicity On-Boarding Checklist

Please Email Completed Form to support@cimplicitycares.com
OR Fax Completed Form to 1-866-949-2469

UCB Employee Name:

UCB Employee Email:

Portal Training Preference

○ Please send me a link to schedule portal training Email link to:

○ UCB Initiated Training Date:

A. PRACTICE DETAILS

Practice Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Primary Contact: Email:

B. BENEFIT INQUIRY CREDENTIALS

Required to process Medicare, Medicaid, etc. benefit verification requests.

Group Tax ID	Group NPI Number	Group PTAN Number*

*Where can you find your PTAN?	1. In the letter you received from MAC (Medicare Administrative Contractors) when you enrolled 2. Visit **https://pecos.cms.hhs.gov** 3. Obtain from your Practice Administrator

**Provider Transaction Access Number, Medicare Issued*

C. PRESCRIBERS

Prescriber credentials are required to facilitate benefit inquiries on your behalf.

First Name	Last Name	NPI Number	State License Number

D. USERS

Provide the name and email address for additional user accounts.

First Name	Last Name	Portal Access Level		Email (User Name)
		☐ Admin	☐ User	
		☐ Admin	☐ User	
		☐ Admin	☐ User	
		☐ Admin	☐ User	

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E. ADDITIONAL PRACTICE LOCATIONS

Provide demographic data for additional users or practice locations.

Practice Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Primary Contact: Email:

Practice Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Primary Contact: Email:

Practice Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Primary Contact: Email:

F. ADDITIONAL PRESCRIBERS

Credentials for any additional prescribers that are required to facilitate benefit inquiries on your behalf.

Additional Prescribers	Title	NPI Number	State License Number

G. PREFERENCES

- ◯ Please initiate prior authorizations on my behalf for all cases when required
- ◯ Please initiate prior authorizations on my behalf only when I request

CLEAR SAVE AS

The CIMplicity program is provided as a service of UCB and is intended to support the appropriate use of CIMZIA. The CIMplicity program may be amended or canceled at any time without notice. Some program and eligibility restrictions may apply.

cimplicity®