

New User Registration

A new user can register for the UHC Provider Portal through the New User Registration screen. Enter the following information in order to successfully submit a New User Registration.



Friday, December 12, 2025 04:11:19 PM

Universal Healthcare Provider Portal

By registering and being provisioned access to the Universal Healthcare Provider Portal, you are agreeing to the Terms of Use as outlined in the **UHC MSO Provider User Agreement** - [Terms of Use](#)

Login:

Username:

Password:

Login

New User Registration



Tuesday, September 09, 2025 02:49:46 PM

New User Registration

<p>* E-Mail : <input style="width: 150px; border: 2px solid yellow; height: 20px;" type="text"/></p> <p>We recommend using your email address with out the domain name,i.e user@yourdomain.com would be user.The user name field will automatically be populated with the first part of your email address,but may be changed at any time.</p> <p>* User Name : <input style="width: 150px; height: 20px;" type="text"/></p> <p>* Password : <input style="width: 150px; height: 20px;" type="password"/></p> <p>* Confirm Password : <input style="width: 150px; height: 20px;" type="password"/></p> <p>First Name : <input style="width: 150px; height: 20px;" type="text"/></p> <p>* Last Name : <input style="width: 150px; height: 20px;" type="text"/></p> <p>Title : <input style="width: 150px; height: 20px;" type="text"/></p> <p>Department : <input style="width: 150px; height: 20px;" type="text"/></p> <p>* Phone Number : <input style="width: 150px; height: 20px;" type="text"/></p> <p>Fax : <input style="width: 150px; height: 20px;" type="text"/></p> <p>* User Type : <input style="width: 150px; height: 20px;" type="text"/> PROVIDER <input style="width: 20px; height: 20px;" type="button" value="▼"/></p>	<p>*Required</p>
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- Email: User's work email address
- Username: If not supplied, please create a username
- Password: Create a password (minimum of 8 characters, including one uppercase letter, one number, and one special character)
- Confirm Password: Re-enter the password
- First Name: User's first name

- Last Name: User's last name
- Title: User's job title
- Department: User's department
- Phone Number: Work phone number
- Fax Number: Work fax number
- User Type: Provider

Company(s)

- Your Company/Provider/Group should automatically show up under Available Company(s)—see the example below for reference.
- To choose a company, click on it, then press the single right-facing arrow to move it to the Selected Company(s) box.
 - If you have multiple affiliations, hold down the Ctrl key on your keyboard while selecting each relevant company. After making your selections, click the single right-facing arrow to transfer all highlighted companies to the Selected Company(s) box.
 - Alternatively, if all listed companies apply to you, simply click the double right-facing arrows button to move all of them to the Selected Company(s) box.

* Company(s)

Available Company(s)	Selected Company(s)
UHCMSO UHP KFHCM	



Provider(s)

Search for affiliated providers

- You can search for a provider using any of the following: **Provider NPI, Provider Tax ID, Last Name, or First Name.**
 - Note that not all fields are required for the search.
- Click on the **Search button.**
- Select the affiliated provider(s) by highlighting them and click the right-facing arrow(s) to transfer them.
- Continue this process until you have selected and moved all desired provider(s) to the right.

* Provider(s) Provider NPI: <input type="text"/> Last Name: <input type="text" value="PARMAR"/>		Provider Tax ID: <input type="text"/> First Name: <input type="text"/>												
<input type="button" value="Search"/> <input type="button" value="Clear"/>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0070C0; color: white;">Provider Name</th> <th style="background-color: #0070C0; color: white;">Provider ID</th> <th style="background-color: #0070C0; color: white;">Company ID</th> </tr> </thead> <tbody> <tr> <td>ASHOK M PARMAR MD</td> <td>1164419073</td> <td>UHCMSO</td> </tr> <tr> <td>ASHOK M PARMAR MD</td> <td>1164419073</td> <td>UHP</td> </tr> <tr> <td>ASHOK M PARMAR MD</td> <td>1164419073</td> <td>KFHCM</td> </tr> </tbody> </table>			Provider Name	Provider ID	Company ID	ASHOK M PARMAR MD	1164419073	UHCMSO	ASHOK M PARMAR MD	1164419073	UHP	ASHOK M PARMAR MD	1164419073	KFHCM
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ASHOK M PARMAR MD	1164419073	KFHCM												

- Type the code provided and click **Submit Request**

Type the letters you see in the below picture



Upon registering as a New User, you will see a confirmation message prompting you to verify your account. An email notification will be sent to the EZ Cap/Net Administrator (UHC) indicating that a new user has registered.

UHC will verify the account within 24 hours. Once this process is complete, the new user will receive an email confirmation containing the portal link, username, and password, indicating that the account has been activated.

After receiving the confirmation email, please visit the UHC EZ Net Provider Portal.

[Home](#)
[About us](#)
[Contact us](#)

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Login:

Username:

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[New User Registration](#)

- Login: Username: Enter Username as it appears in email confirmation