GO-LIVE PACKET

Signing up for MemorialCare Link

Use the following link: https://apps.memorialcare.org/physician/memorialcarelink/index.cfm

1. Click on "add or edit account" button:

2. Select 'No' if your office is not currently on MemorialCare Link or no one in your office attended the Live Training.

3. Select 'Yes' if your Office is on MemorialCare Link or someone has attended the MemorialCare Link Live Training

4. Specify if you are a Billing Company?

5. Complete the form to provide your practice information and then select **Submit**:

6. Designate a Site Admin who can managed your clinic, complete form, then select **Submit**:

7. Populate how many providers are in your practice and then select **Submit**:

8. Provide the requested information for **each provider** in your practice and then select **Submit**:

> **STEP 4: Providers**
> * Fields in yellow are required
>
> | | First: | Last: | Phone: ⑦ | | | Ext: | Email: | Title: |
> |---|---|---|---|---|---|---|---|---|
> | 1) | | | | - | - | | | Select ⌄ |
>
> [Submit and Go To Next Step]

9. Provide the number of non-clinical staff in your practice and then select **Submit**:

> **STEP 5: Additional Users**
>
> **How many "NON-Provider" End Users who will need MemorialCare Link access?**
>
> NOTE: Only include those that will need access to MemorialCare Link
>
> * If there are no additional end user's associated with this account, enter 0 (zero) in the textbox above.
> ** Do not include Test Name Test Name, who is already listed below in the Site Admin section.
>
> Total End Users: [1]   (you can always add more later)

10. Provide the requested information for **each staff member** in your practice and then select **Submit**:

> **STEP 5: Additional Users**
> * Fields in yellow are required
> * If User Type = Site Admin: Email field is required, otherwise optional on Office Staff.
>
> | | First: | Last: | Phone: ⑦ | | | Extension: | Email: | User Type: |
> |---|---|---|---|---|---|---|---|---|
> | 1) | | | | - | - | | | Select One ⌄ |
>
> [Submit and Go To Next Step]

11. Specify what kind of access each Provider and Staff member needs, and then select **Submit**:

> **STEP 6: Account Access Rights**
>
> Please indicate what access in MemorialCare Link each user should have by using the list below.
> Each user must have at least one checkbox selected.
> Hover your mouse over the column titles to view a full description of each type of access.
>
> | User Type: | First: | Last: | Clinical Charts - Medical Records | Managed Care - Referral/Claims Access | No Access Providers Only |
> |---|---|---|---|---|---|
> | Site Admin | Test Name | Test Name | ☐ | ☐ | |
> | Provider | TEst | Test | ☐ | ☐ | ☐ |
> | Office Staff | test | test | ☐ | ☐ | |

12. Complete PHI Agreement and then select **Submit and Go to Final Step**

You will then be prompted to take an exam. Upon completion of your exam you will be given access to MemorialCare Link and given a Username and Password.