

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:

ADD/EDIT Account Requests	MemorialCare Link Training	MemorialCare Link Login	
If you'd like your office to have MemorialCare Link access, or you'd like to change your existing MemorialCare Link account, click the	User ID: Password:	Already have your MemorialCare Link User ID and Password?	
ADD or EDIT ACCOUNT	Log In	Go to Login Page	

- 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?

BILLING COMPANY2	
BILLING COMPANY!	
Are you a Contracted EX	FERNAL Billing company for a physician practice?
O Yes O No	

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

Suite:
State: CA Zip:
Ext.
Submit and Go To Next Step

6. Designate a Site Admin who can managed your clinic, complete form, then select **Submit**: STEP 3: Site Admin: Main Contact Person For This Account

* Fields in yellow are required	
Site Administrator Role Responsibilities:	First Name:
	Flist Nalle.
 They are usually the office manager or supervisor 	
 They are the central point of contact for your account 	Last Name:
 Should be available to all staff during normal business hours 	
 They will be able to reset passwords for all staff 	Phone:
The Alle Astronomy Handson Pauli is a state of a second for the second	
The Site Admin will automatically be added as a user for this account.	Extension: *Max 6 digits
Do NOT list again in the End User section.	
	Email:
If you need to add additional Site Admin, you may do so later	* Email must be unique - i.e. can not be used for
from the Additional Users section.	any other user in this entire application form.
	Outwrite and On Ta Maut Step
	Submit and Go To Next Step

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

TE	TEP 4: Providers					
1	How many Providers are associated with your practice/office?					
	NOTE: A Provider can be one of the following: DC, DDS, DO, DPM, MD, NP, OT, PA, PhD, PT, RNFA, ST					
	Total Providers (you can always add more later)					
	 * Please list all providers associated with your office even if they will not be accessing MemorialCare Link. ** If there are no providers associated with this account, enter 0 (zero) in the textbox above. 					
	Submit and Go To Next Step					



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8. Provide the requested information for **each provider** in your practice and then select **Submit**: STEP 4: Providers

* Fie	* Fields in yellow are required								
	First:	Last:	Phone: 🤨	Ext:	Email:	Title:			
1)						Select 🗸			
Su	Submit and Go To Next Step								

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

EP 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: 🕐	Extension:	Email:	User Type:		
1)						Select One 🗸		
SI	Submit and Go To Next Step							

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

STEP	STEP 6: Account Access Rights							
Please Each (Hover	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.