myUNM Health

Practice Provider List

Provider Portal Account Request Supplementary Form

Required Information (to be completed by group medical director)	
Practice Name	
Practice Street Address	
Practice City	
Practice State, ZIP	

Required Information (to be completed by group medical director)

Please list the providers that are a□liated with the practice. NOTE: they will not be granted myUNM Health Provider Portal accounts unless they submit the online request form, Provider Portal Account Requests. They will be associated to the group so sta□ members can access patient data for their patients. This list must be reviewed at least semiannually. Please contact the UNM Health IT department at cerner-accounts@salud.unm.edu to update the provider roster.

Provider Full Name		NPI	
Provider Full Name		NPI	
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