



Pinnacol Online Registration Form for SelectNet Providers

Registration - Please Check One:

_____ GENERAL ACCESS is available to all *SelectNet* providers. GENERAL ACCESS allows the provider to view items such as the *SelectNet* directory, to access training materials and Pinnacol Assurance publications, and to look up claim and billing information.

_____ SPECIAL REPORT ACCESS is currently available to *SelectNet Primary Care Providers only*, and this access enables the provider to view reports specific to the performance of their practice. SPECIAL REPORT ACCESS also allows for GENERAL ACCESS.

Provider System Information

One person is required to be the primary contact for *Pinnacol Online*. We will send log-in information to this person via USPS mail unless otherwise instructed. Please contact your provider relations specialist for special handling if needed.

Your contact _____ E-mail address _____

System/Clinic name _____ Tax ID#(s) _____

Mailing address _____ Phone _____

_____ Fax _____

Practice NPI# _____

Provider Confidentiality Agreement: In consideration of being granted access to, and use of, automated information from Pinnacol Assurance, the *SelectNet* provider understands that he/she is bound by the confidentiality provision in the *SelectNet* contract.

The undersigned hereby warrants that he/she has been expressly authorized by the *SelectNet* provider to execute this agreement for and on behalf of the *SelectNet* provider.

Principal Signature _____ Date _____

Principal Name _____

Principal Title _____

Mail the completed registration form to medical operations team at the address below or fax it to us at 303-361-5953.

Medical Operations Team
Pinnacol Assurance
7501 E. Lowry Blvd
Denver, CO 80230