

Please return to Highmark by emailing to Jen Rosato and Kevin Boyles by emailing to Jennifer.Rosato@highmark.com and Kevin.Boyles@highmarkhealth.org, when completed.

Email provider changes at your location to the same email addresses above.

# Gold Card Registration Form

**\* Required**

**1. Health System Name**

**(Enter N/A if not affiliated with a Health System) \***

**2. Provider Name(s) and Provider NPI(s)**

**Example:**

**Dr. John J Smith NPI 2234766**

**Dr. Mary L. Jones NPI 2219863 \***

**3. Practice Name \***

**4. Practice Blue Shield ID \***

**5. Do your providers practice at more than one location?**

Yes

No

**6. Name and email of primary contact \***

**7. Name and email of secondary contact \***

**8. Do you currently have NaviNet access? \***

Yes

No

**9. NaviNet user ID of primary contact (needed to grant Provider Facing Analytics access) \***

**10. NaviNet user ID of secondary contact (needed to grant Provider Facing Analytics access) \***

**11. Is there an administrator that will need access to one or more of your locations? \***

No

Yes

Unsure