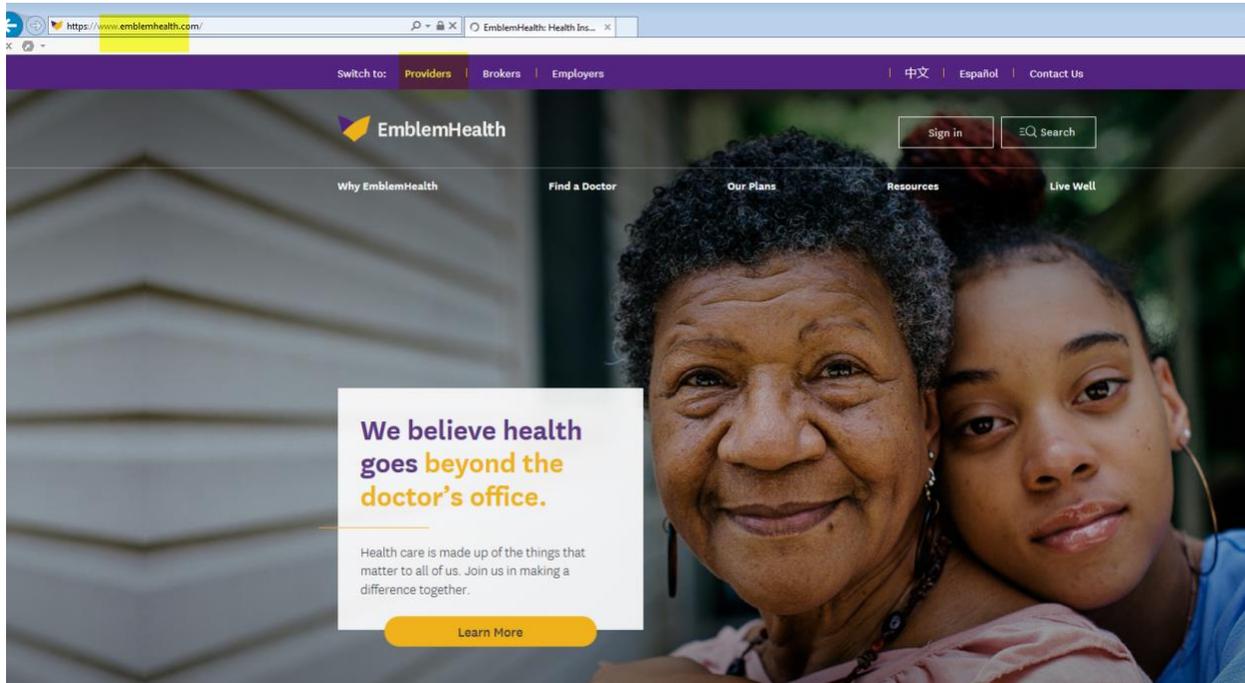Job aid on the process for Providers and Facilities to register with EmblemHealth to get access to the web portal.

Please click on the below EmblemHealth url
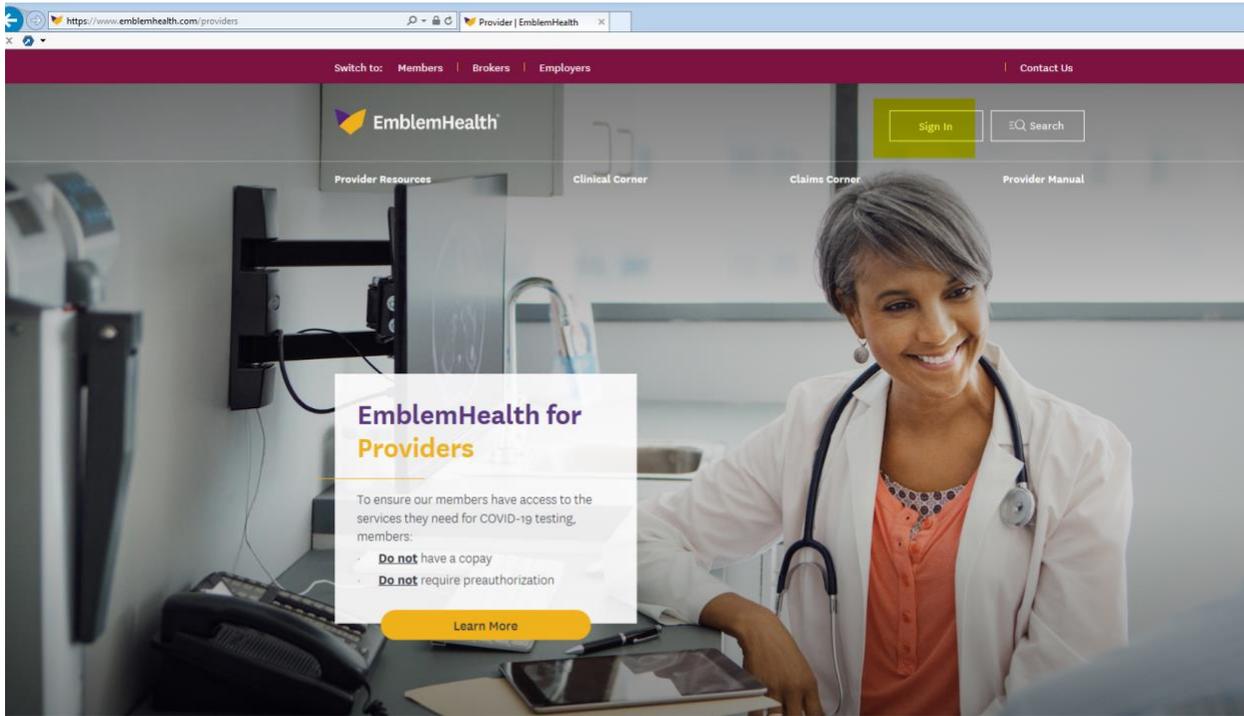
https://www.emblemhealth.com/

Click on Providers.

Job aid on the process for Providers and Facilities to register with EmblemHealth to get access to the web portal.

Click on Sign in

Job aid on the process for Providers and Facilities to register with EmblemHealth to get access to the web portal.

Then scroll down to Register. There is a help feature also enabled with contact us via phone or web.

Need Help?

If you have any questions or need help registering, please contact us. If you're not a provider or a practice, choose an option below to continue.

Sign in to your EmblemHealth portal for personalized support. If you're considering EmblemHealth for your family or business, contact our sales team at **866-274-0060**.

Job aid on the process for Providers and Facilities to register with EmblemHealth to get access to the web portal.

Complete the form with the required fields and click Continue.

Job aid on the process for Providers and Facilities to register with EmblemHealth to get access to the web portal.

This is the second page of registration - to set up security questions and password. Complete registration, check email for password, use Tax ID or Provider # to login to access the portal.

Providers

Home

NEWS & FEATURES

PROVIDER RESOURCES

DENTAL PROVIDER RESOURCES

Register Now

EmblemHealth realizes that in today's busy world, you need access to information about your patients on your time — not ours. With myEmblemHealth, you can:

- Review patient claim status
- See check details
- View patient benefits information
- View year-to-date patient deductible balances
- Update your practice information

Login To EmblemHealth

Tax ID or Provider #:   PIN:

Enter

*Required Fields

Tax ID:

Provider Number:

First Name:

Last Name:

Email Address:

Date of Birth: *

Phone Number: *

Send Password via: *   Mail ○   E-mail ○

Relationship to Provider: *   Select a Relationship to Provider ∨

Please select the address where your confirmation letter should be sent.

Address: *   Choose an Address   ∨

Mailstop:

Please enter a security question that only you can answer. Then, enter the answer to the question. This will be user for identification purposes, to further protect your privacy and prevent others from viewing your information. Please save this in a safe place. You will need it if you forget your PIN, or if you want to change it.

Security Question: *   Select a Security Question   ∨

Security Answer: *

Disclaimer   By accessing Provider Services, you acknowledge that you have consent to access, view and utilize the subject member information and you agree to indemnify EmblemHealth for any claims arising out of EmblemHealth's release of such provider information.

☐ I Agree *

Register