

1. Use Link to Create Account: [Child Health Advantage Program](#)

- Enter your contact information



Contact Information

How can we reach you?

First Name*

Last Name*

Title*

Phone/Mobile Number*

Email Address*

Confirm Email Address*

Briefly tell us what you're interested in*

Fax Number

Referred by Supplier/Group/Program or Other Organization

Referred by: Child Healthcare Advantage Program

NEXT: ORGANIZATION INFO

2. Enter Organization Information

Organization Information

Tell us a little about your company

Type of Organization*

Clinic/Physicians Office

Organization Name*

Address*

City*

State*

Zip/Postal Code*

Country*

United States

Federal Tax ID

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NEXT: DIST. WHOLESALER INFO

3. Provide Distributor Information

- a. If you do not have a distributor, leave this section blank

Distributor Information

Tell us a little about your distributor account

Current Distributor or Wholesaler

Who is your current Distributor or Wholesaler? - Optional

Med-Surg	Account Number
<input type="text"/>	<input type="text"/>
Pharmacy	Account Number
<input type="text"/>	<input type="text"/>

Designate a Distributor

Select a Distributor

Med-Surg	DEA/HIN, Group or Acct Number
<input type="text"/>	<input type="text"/>
Pharmacy	DEA/HIN, Group or Acct Number
<input type="text"/>	<input type="text"/>

[BACK](#) [NEXT: ADDITIONAL INFO](#)

- b. Let us know if you do not have a distributor. We can help you connect!

4. Provide Additional Information

- a. Select all contracts of interest
- b. Check off the Participation Agreement
- c. Select "SIGN ME UP!"
- d. You will receive an emailed copy of your signed Participation Agreement

Additional Information

Any additional information you would like us to know?

Contracts of Interest



Communications



Office Supplies



Package Delivery

1

1 - 3 of 3 items

Participation Agreement

Please acknowledge the following participation agreements

I agree and acknowledge the terms and conditions of the [Provista Participation Agreement](#) and additional custom forms associated with this registration

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SIGN ME UP!

5. Post-Submission Instructions

- a. You will receive a member ID via email once the PA is done processing (may take a day or so)
- b. Will use MID to complete enrollment