



Provider Treatment Portal User Guide



THE SMARTER WAY TO SUBMIT AND TRACK APTP FORMS

Provider Treatment Portal User Guide

OVERVIEW

Welcome to Procura's Provider Treatment Portal User Guide. This new portal provides a fast, secure and efficient way for medical providers treating patients injured in automobile accidents to submit and track APTP (Attending Provider Treatment Plan) forms and outcomes. In this guide, we're going to walk you through setting up your account and how to submit APTP forms and track the status.

LET'S GET STARTED!

To access the portal, enter the following address into your browser:

<http://providerhub.procuranet.com>

USER AGREEMENT

WELCOME TO THE PROCURA MANAGEMENT PROVIDER PIP TREATMENT PORTAL

1. Purpose
The purpose of this web portal is to facilitate submission of the Uniform Attending Provider Form between the Qualified User and Procura Management.

2. Ownership
All of the services and Software provided by this web portal are owned by Procura Management. Except as expressly permitted in these Terms or by law you may not copy, modify, sell, distribute, disseminate, transmit, translate, reverse engineer, decompile or disassemble the Software, or disclose the Software or any information or technology to any third party.

3. Document Source of Record
Access to this site should not be construed as the official source of record for transmitted information. This site is only a communication tool to facilitate data entry between Procura Management and the Qualified User. Use of this site does not release the Qualified User, or Procura Management, from their respective obligations to maintain proper local documentation.

4. Use of Site Content
Information entered into this web portal will be forwarded to other Procura Management systems. Given the nature of the information, Procura Management will be in accordance with existing contracts. This application does not provide any rights to use the provided information in any way not already covered by existing contracts.

5. Privacy
This site is covered under the Procura Management privacy policy located at www.procuranet.com/privacy.html

6. Sign-in Credentials
You agree to: (1) keep your password secure and confidential; (2) not share or loan your account; (3) refrain from using other Qualified Users' accounts; (4) refrain from selling, trading, or otherwise transferring your account to another party; and (5) refrain from charging anyone for access to any portion of the site, or any information therein. Further, you are responsible for anything that occurs on your account, and you agree to prove that your account security was compromised through no fault of your own. All Qualified Users are required to immediately notify Procura Management if their credentials are lost or compromised.

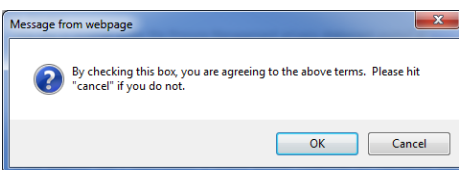
7. Electronic Signature
By its electronic signature, Qualified User agrees that all documents submitted by the Qualified User have been electronically signed by that Qualified User or by Qualified User Agent. It is the Qualified User's responsibility to ensure account credentials are maintained with sufficient security to maintain liability for submissions.

8. Monitoring
Procura Management has the right to monitor and log activity on this web portal. These logs will include, but not limited to, user name, source IP, source device, date/time, changes made, failed login attempts, etc.

9. Termination
Procura Management may restrict, suspend or terminate the account of any Qualified User who abuses or misuses the Services. Upon termination of an account all access rights to Services and contained data are severed.

☐ Check here to acknowledge you have read the above terms.

Please acknowledge the User Agreement by checking the box at the bottom of the screen.



A secondary dialog box will be displayed to verify that you are agreeing with the terms on the opening page.

If you have not created an account, please click the **"Create New Account"** link just below the "Log In" button.

PLEASE ENTER YOUR LOGIN INFORMATION. IF YOU DO NOT HAVE A LOGIN, CLICK "CREATE NEW ACCOUNT."

Username:

Password:

[Create New Account](#)

[Forgot your password?](#)

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CREATING NEW ACCOUNT

By selecting this option, you will be able to create an account and start using the system. You will be asked to enter your contact information along with your provider's information.

Any field identified in red or with an asterisk (*) is a required field.

NEW USER APPLICATION FOR THE PROVIDER PIP TREATMENT PORTAL

Required fields are labeled in red and marked with an asterisk (*).

Your information

Last Name* First Name* Phone Number* Ext Email Address* Re-enter Email Address* Create Username*

Provider Information

Copy From Above

Last Name* First Name* Initials

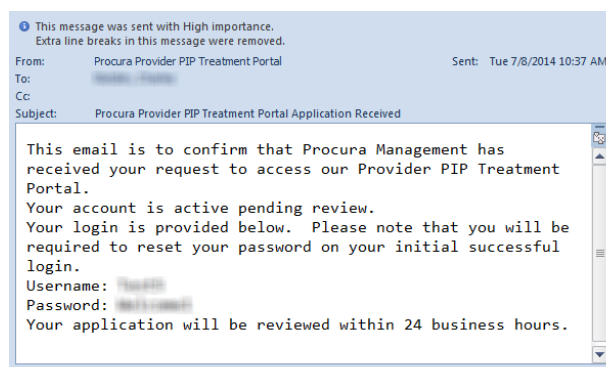
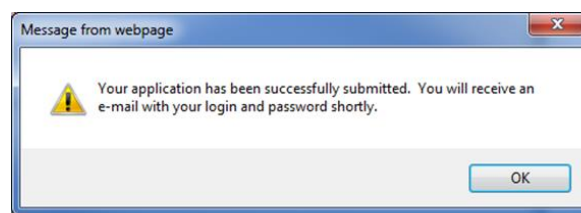
Tax ID* NPI* License Number* Primary Specialty* Secondary Specialty*

Facility/Office Name* Facility/Office Address* City* State* ZIP*

Telephone # (include area code)* Email address* Fax # (include area code)*

Submit Application

After pressing the **"Submit Application"** button, you will get a message stating you will receive an email with your credentials.



After retrieving your emailed credentials, enter them into the login screen.

FIRST TIME LOGIN

The first time you log in with your emailed credentials, you will be asked to enter a passcode. This double authentication ensures proper security, both for the provider and for Procura.

PASSWORD UPDATE FORM

Your password needs to be set. Please enter a password below satisfying the following rules:

1. Must be at least 8 characters
2. Must contain at least one number.
3. Must contain at least one uppercase and one lowercase letter.
4. Must not contain your username.
5. Must be different than your previous password.

Password:

In order to verify your identity, Procura Management requires a secondary passcode.

This has been sent to the email associated with your account which is [redacted].

If this email is incorrect or out of date, please contact Procura at XXX-XXX-XXXX. If you need it to be resent, click here: [Resend Passcode](#).

Passcode:

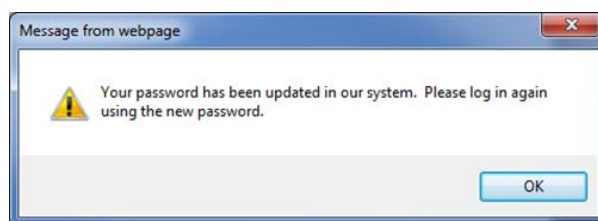
Update Password

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The Passcode will also follow in an email.



Follow the instructions on your screen and enter your new password along with the passcode that was emailed to you. If all is completed correctly, you will see a message that states your password has been updated.



LOGGING IN

All subsequent log-ins will only require you to enter your username and password to gain access to the site as shown in the **First Step** section.

FORGOT PASSWORD

If you forgot your password, please click the link labeled **"Forgot your Password?"** just below the **"Log In"** button. A new password will be sent to you via email. At this time, please follow the **First Time Login** instructions.

ENTERING YOUR FIRST APT

After successful login, you will be prompted to select from the provider list you supplied when you created your account.



Please select a TIN associated with your account.			
TIN	NPI	PROVIDER NAME	
123456789	1234567899	Wellness Center	Choose Provider
112233445	1122334455	Wellness Center, Site 2	Choose Provider
123456789	123456789abc	Smith, Tom	Choose Provider

You will then have a listing of all Plans that are partially completed and not submitted and a list of Plans that are waiting acceptance. See **Active Plans** for more details. For the first time, you should not see any plans listed here.

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Current Provider

Provider Name: XXXXXXXXXX [Change](#)
 Address: Main
 City/State/ZIP: Warminster, PA 18974
 Tax ID #: 123456789
 NPI #: 123456789
 Specialty: General Practice

Saved Treatment Plan Requests - Not Yet Submitted to Procura						
PATIENT NAME	CLAIM #	DOI	INSURANCE COMPANY	DATE TX PLAN REQ STARTED	DATE TX PLAN REQ LAST UPDATED	

Treatment Plans Submitted to Procura - Pending Acceptance						
PATIENT NAME	CLAIM #	DOI	INSURANCE COMPANY	DATE TX PLAN REQ SUBMITTED		

[Create New APTP](#)

If you want to switch Providers, clicking the **“Change”** link will display the providers again and you will be able to select another.

At the bottom of this display, you can click on the **“Create New APTP”** button or click the menu at the top labeled **NEW APTP**. This will display a new APTP form for your entry.

MENU TABS

The **HOME** tab at the top will always display the “Current Provider” screen as shown in **Entering Your First APTP**.

Pressing the **NEW APTP** tab will start a new APTP form as shown in section APTP Information Entry. The remaining menu tabs at the top will be explained later in this document.

The remaining menu tabs at the top will be explained later in this document.

HOME	NEW APTP	HISTORY	MY ACCOUNT	HELP	LOGOUT
Welcome to the Procura PIP Treatment Application, Link to Providers Current provider: XXXXXXXXXX (TIN: 123456789, NPI: 3333210)					

APTP INFORMATION ENTRY

As you enter your information into the APTP form, please be aware of the mandatory fields labeled in red and with an asterisk (*).

ATTENDING PROVIDER TREATMENT PLAN

Required fields are labeled in red and marked with an asterisk (*)

☒ INITIAL SUBMISSION ☐ FOLLOW-UP SUBMISSION

TYPE OR PRINT LEGIBLY		CLAIM #*	DATE SUBMITTED
PATIENT INFORMATION 1. PATIENT'S NAME: LAST <input type="text"/> FIRST <input type="text"/> MIDDLE <input type="text"/> 2. PATIENT'S ADDRESS (incl. Street): <input type="text"/> 3. CITY: <input type="text"/> STATE: <input type="text"/> ZIP CODE: <input type="text"/> 4. TELEPHONE # (Include Area Code): <input type="text"/> 5. PATIENT'S BIRTHDATE: MM <input type="text"/> DD <input type="text"/> YY <input type="text"/> SS <input type="text"/> E.E. NUMBER <input type="text"/> 6. INSURANCE COMPANY: <input type="text"/> 7. POLICY NUMBER: <input type="text"/> 8. IS PATIENT'S CONDITION RELATED TO: <input type="checkbox"/> YES <input type="checkbox"/> NO 9. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. IS PATIENT ABLE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. RELATIONSHIP TO PATIENT: <input type="text"/>			
PROVIDER INFORMATION 13. PROVIDER'S NAME: <input type="text"/> 14. PROVIDER'S ADDRESS (incl. Street): <input type="text"/> 15. CITY: <input type="text"/> STATE: <input type="text"/> ZIP CODE: <input type="text"/> 16. TELEPHONE # (Include Area Code): <input type="text"/> 17. FAX # (Include Area Code): <input type="text"/> 18. INITIAL DATE OF VISIT: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19. DATE OF LAST VISIT: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
20. PRIMARY DIAGNOSIS (ICD-9): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 21. SECONDARY DIAGNOSIS (ICD-9): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22. ADDITIONAL DIAGNOSIS (ICD-9): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23. ADDITIONAL DIAGNOSIS (ICD-9): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PROPOSED COURSE OF TREATMENT AS IT RELATES TO THIS PLAN 24. FROM: <input type="text"/> TO: <input type="text"/> 25. FREQUENCY* (times per week): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26. FREQUENCY* (times per week): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27. DURATION* (number of weeks): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 28. TOTAL VISITS*: <input type="text"/>			
PLAN ATTACHMENTS There are no attachments on this plan. Click "Add New Attachment" to add one. Add New Attachment			

ANY PERSON WHO KNOWLEDGELY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.
 PROVIDER STATEMENT
☐ I HAVE PERSONALLY COMPLETED AND REVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.*
 Enter name: Enter the full date (mm/dd/yyyy):

[Save Form](#) [Submit Form](#)

I AGREE, AND IT IS MY INTENT, TO SIGN THIS DOCUMENT BY ENTERING MY NAME AND THE CURRENT DATE. I ACKNOWLEDGE THAT SIGNING AND SUBMITTING THIS DOCUMENT BY THIS METHOD IS THE EQUAL EQUIVALENT OF HANDWRITTEN SIGNATURE ON THE SUBMITTED DOCUMENT AND THIS STATEMENT.

All date fields can be manually entered or via the dropdown box when clicking in a date field. A **“Save Form”** button is available to save your work if not ready for submittal. These can be retrieved later on the Active Plans page after log in or by pressing the **HOME** tab

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ELECTRONIC SIGNATURE

At the bottom of the APTP form, you must check the **“completed and reviewed”** checkbox. In addition, you must type the provider's name as it was entered in the point of contact or **“My Provider's Info”** section when you created the account. Also, please enter today's date.

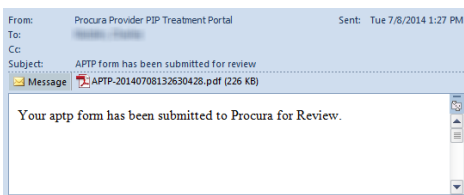


The screenshot shows the bottom portion of a form. At the top, it reads "FRAUD PREVENTION-NEW JERSEY WARNING" and "ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES." Below this is a "PROVIDER STATEMENT" section with a checked checkbox and the text: "I HAVE PERSONALLY COMPLETED AND REVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF." There are two input fields: "Enter name*" with a dropdown menu and "Enter the full date (mm/dd/yyyy)*" with the date "07/08/2014" entered. Below these fields are "Save Form" and "Submit Form" buttons. At the very bottom, a red line of text states: "I AGREE, AND IT IS MY INTENT, TO SIGN THIS DOCUMENT BY ENTERING MY NAME AND THE CURRENT DATE. I ACKNOWLEDGE THAT SIGNING AND SUBMITTING THIS DOCUMENT IN THIS FASHION IS THE LEGAL EQUIVALENT OF HAVING PLACED MY HANDWRITTEN SIGNATURE ON THE SUBMITTED DOCUMENT AND THIS ATTESTATION."

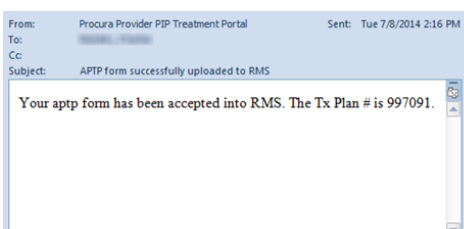
When pressing the **“Submit Form”** button, these fields act as an electronic signature and are the equivalent of a handwritten signature.

SUBMITTED APTP

When submitting your APTP, if the patient's name, DOB, and insurance company do not match the records within our case management system (RMS), the submission will be under review. You will receive a confirmation email with the APTP attached when the form has been successfully received within our system.



If all these fields match within our case management system (RMS), then you will receive an email showing the assigned treatment plan number.



ACTIVE PLANS

When you first login and select a Provider or press the **HOME** tab, a display will show all APTP forms that are partially completed, but not submitted, and submitted forms that are pending review.

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Current Provider

Provider Name: Smith, Tom

Address: The Office Address

City/State/ZIP: Norristown, PA 19401

Tax ID #: 123456789

NPI #: 123456789abc

Specialty: GENERAL PRACTICE - SPECIALIST

[Change](#)

Saved Treatment Plan Requests - Not Yet Submitted to Procura

PATIENT NAME	CLAIM #	DOI	INSURANCE COMPANY	DATE TX PLAN REQ STARTED	DATE TX PLAN REQ LAST UPDATED	
Doe, John	2589463A	07/01/14	ANJ	09/03/15	09/24/15	Open Plan
Jones, Bill	4477895	09/01/15	ANJ	09/24/15	09/24/15	Open Plan

Treatment Plans Submitted to Procura - Pending Acceptance

PATIENT NAME	CLAIM #	DOI	INSURANCE COMPANY	DATE TX PLAN REQ SUBMITTED	
Doe, John	2589463A	07/01/14	ANJ	09/02/15	Open Plan

Create New APTP

When entering a form, you can click the Save button for later retrieval. If you are missing a field or there was a data entry error, you can save the form for later retrieval. As you can see above, Jim Smith has been partially completed, but not submitted. If you click the **“Open Plan”** button, you will return to the data entry mode for these plans.

Once a form is submitted, it cannot be edited. In the example, John Doe’s form was submitted, but the claim number was incorrect. The Procura Pre-cert Staff will review this submittal. If you click the **“Open Plan”** button, you will be in view-only mode since this was submitted and is requiring AIMS for review and final submittal.

HISTORY

The **HISTORY** tab will display all previously submitted forms. Any time that an APTP form is submitted to Procura and enters the case management system (RMS), it will be displayed on this screen.

SUBMISSION HISTORY						
Show Other Providers						
Plans submitted for: Wellness Center						
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED	
997091	Doe, John	Doe, John	0310818430	06/02/14	07/08/14	RMS Docs New APTP
Show Treatment Plan Lines						
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED	
997089	Doe, John	Doe, John	0192103307	05/01/14	06/19/14	RMS Docs New APTP
Show Treatment Plan Lines						
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED	
997048	Doe, John	Doe, John	0310818430	06/02/14	04/10/14	RMS Docs New APTP
Show Treatment Plan Lines						
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED	
997046	Doe, John	Doe, John	0310831607	12/30/13	04/08/14	RMS Docs New APTP
Show Treatment Plan Lines						
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED	
997045	Doe, John	Doe, John	0311431753	01/03/14	04/07/14	RMS Docs New APTP
Show Treatment Plan Lines						
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED	
997042	Doe, John	Doe, John	0311457337	01/05/14	04/02/14	RMS Docs New APTP
Show Treatment Plan Lines						

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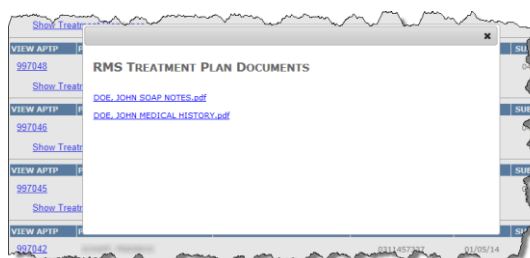
HISTORY (OUTCOMES)

One of the nice features of this system is relaying information back to the provider. First, click on the **"Show Treatment Plan Lines"** link to display CPTs for this plan. If you hover the mouse over a "Modified" Outcome, it will show you the change that was made.

VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED			
997048			0310818430	06/02/14	04/10/14	RMS Docs New APTP		
Show Treatment Plan Lines								
FROM	TO	CODE	CODE (RANGE)	TIM/VIS	VIS/WK	DURATION	TOTAL UNITS	OUTCOME
4/14/2014	4/25/2014	10060		1	5	2	10	Modified
From: 4/14/2014 To: 4/25/2014 CPT Code: 10060 Time/Vis: 1 Vis/Wk: 3 Units: 3								
4/14/2014	4/25/2014	10061		2	3	2	12	Approved
VIEW APTP	PATIENT NAME	POLICYHOLDER NAME	CLAIM #	DOI	SUBMITTED			

HISTORY (ATTACHED DOCUMENTS)

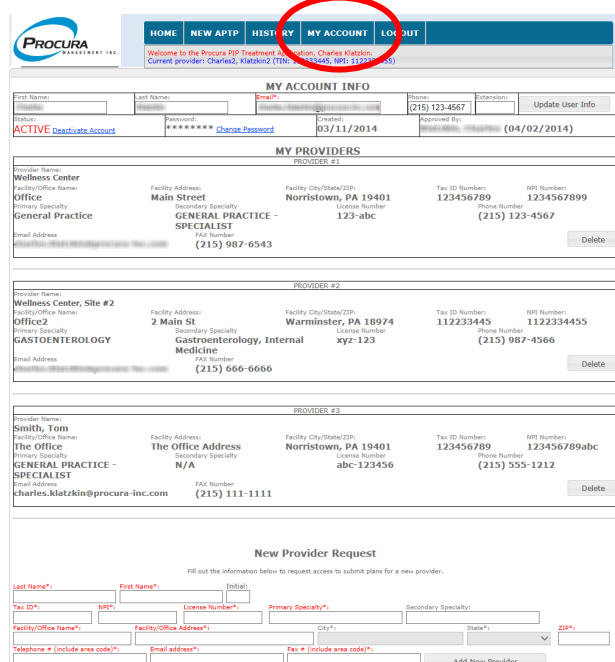
Another nice feature is to display all documents that have been attached to this submittal. Clicking on the **"RMS Docs"** button will display these.



If you click on one of the PDF links, this will display the selected document.

If you want to start another plan with the current information, clicking the "New APTP" button will create a Follow-up Submission.

MY ACCOUNT



MY ACCOUNT INFO

First Name: Last Name: Email: Phone: (215) 123-4567 Extension: Update User Info

Status: ACTIVE Deactivate Account Password: ***** Change Password Created: 03/11/2014 Renewed By: Renew Date: (04/02/2014)

MY PROVIDERS

PROVIDER #1

Provider Name: Wellness Center
Facility/Office Name: Office
Facility Address: Main Street
Primary Specialty: GENERAL PRACTICE - SPECIALIST
Secondary Specialty: N/A
Facility City/State/Zip: Norristown, PA 19401
Fax Number: (215) 987-6543
Tax ID Number: 123456789
RR Number: 1234567899
Phone Number: (215) 123-4567

PROVIDER #2

Provider Name: Wellness Center, Site #2
Facility/Office Name: Office2
Facility Address: 2 Main St
Primary Specialty: GASTROENTEROLOGY
Secondary Specialty: Gastroenterology, Internal Medicine
Facility City/State/Zip: Warminster, PA 18974
Fax Number: (215) 666-6666
Tax ID Number: 112233445
RR Number: 123456789
Phone Number: (215) 987-4566

PROVIDER #3

Provider Name: Smith, Tom
Facility/Office Name: The Office
Facility Address: The Office Address
Primary Specialty: GENERAL PRACTICE - SPECIALIST
Secondary Specialty: N/A
Facility City/State/Zip: Norristown, PA 19401
Fax Number: (215) 111-1111
Tax ID Number: 123456789
RR Number: 123456789abc
Phone Number: (215) 555-1212

New Provider Request

Fill out the information below to request access to submit plans for a new provider.

Last Name*: First Name*: Initial*:
Tax ID*: NPI*: License Number*: Primary Specialty*: Secondary Specialty*:
Facility/Office Name*: Facility/Office Address*: City*: State*: ZIP*:
Telephone # (include area code)*: Email address*: Fax # (include area code)*: Add New Provider

In the event that the point of contact changes or you wish to add another provider that you support, click the **MY ACCOUNT** tab at the top.

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The screenshot shows the 'MY ACCOUNT INFO' section with fields for First Name, Last Name, Email, Phone, and Extension. Below this is the 'MY PROVIDERS' section, which lists three providers. Each provider entry includes their name, facility address, city/state/zip, tax ID, NPI, license number, and phone number. A 'Delete' button is present for each provider. At the bottom of the screenshot is the 'New Provider Request' form, which includes fields for Last Name, First Name, Initial, Tax ID, NPI, License Number, Primary Specialty, Secondary Specialty, Facility/Office Name, Facility/Office Address, City, State, ZIP, Telephone, Email address, and Fax. An 'Add New Provider' button is at the bottom right of the form.

MY ACCOUNT INFO

First Name: Last Name: Email: Phone: Extension: Update User Info

Status: **ACTIVE** Deactivate Account Password: ***** Change Password Created: 03/11/2014 Approved By: (04/02/2014)

MY PROVIDERS

PROVIDER #1

Provider Name: Wellness Center
Facility/Office Name: Office
Facility Address: Main Street
Facility City/State/ZIP: Norristown, PA 19401
Tax ID Number: 123456789
NPI Number: 1234567899
Primary Specialty: General Practice
Secondary Specialty: GENERAL PRACTICE - SPECIALIST
License Number: 123-abc
Phone Number: (215) 123-4567
Email Address: (215) 987-6543
Delete

PROVIDER #2

Provider Name: Wellness Center, Site #2
Facility/Office Name: Office2
Facility Address: 2 Main St
Facility City/State/ZIP: Warminster, PA 18974
Tax ID Number: 112233445
NPI Number: 1122334455
Primary Specialty: GASTROENTEROLOGY
Secondary Specialty: Gastroenterology, Internal Medicine
License Number: xyz-123
Phone Number: (215) 987-4566
Email Address: (215) 666-6666
Delete

PROVIDER #3

Provider Name: Smith, Tom
Facility/Office Name: The Office
Facility Address: The Office Address
Facility City/State/ZIP: Norristown, PA 19401
Tax ID Number: 123456789
NPI Number: 123456789abc
Primary Specialty: GENERAL PRACTICE - SPECIALIST
Secondary Specialty: N/A
License Number: abc-123456
Phone Number: (215) 555-1212
Email Address: charles.klatzkin@procura-inc.com
FAX Number: (215) 111-1111
Delete

New Provider Request

Fill out the information below to request access to submit plans for a new provider.

Last Name*: First Name*: Initial*: Tax ID*: NPI*: License Number*: Primary Specialty*: Secondary Specialty*: Facility/Office Name*: Facility/Office Address*: City*: State*: ZIP*: Telephone # (include area code)*: Email address*: Fax # (include area code)*: Add New Provider

If you wish to add another provider, that can be entered at the end of the page by clicking the "Add New Provider" button.

Another feature is changing your password. Even though the system requires you to change your password every 60 days, you can change it on this page at any time by clicking "Change Password".

The screenshot shows a 'Change Password' dialog box with a close button (X). It contains instructions for password rules and a form to enter a new password and a validation code. The background shows the 'MY PROVIDERS' section of the portal.

Change Password

A secondary authorization code has been sent to your email.

Your new password must adhere to these rules:

- 1. Must be at least 6 characters
- 2. Must contain at least one number.
- 3. Must contain at least one uppercase and one lowercase letter.
- 4. Must not contain your username.

Please enter a new password as well as the validation code:

New Password: Validation Code: Change Password Cancel

LOGOUT

Clicking the **LOGOUT** tab at the top will end your session.

We hope you find this guide to be valuable in assisting you with submitting APTP forms with ease! Please be aware that this user guide is designed to assist you, but its accuracy, completeness, or suitability for any particular purpose are not guaranteed. Procura Management, Inc. reserves the right to make changes to any and all parts of this publication at any time, without any obligation to notify any person or entity of such changes.

If you have questions or feedback, please contact us at AIMSAdmins@procura-inc.com or 1-800-275-9485 – Precertification Option #1.