

Report Retrieval Registration Process

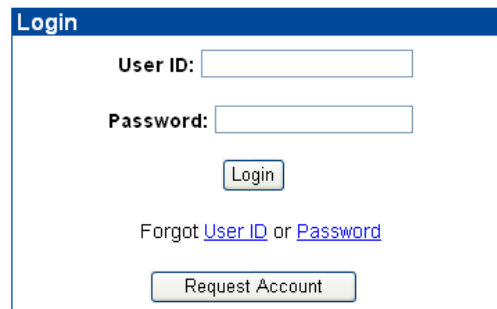
To verify that you requested an account and to test the email address you supplied, a confirmation email will be sent to you with your temporary password.

Congratulations! Once you receive that email, you can use the User ID that you requested and the temporary one-time password in the confirmation email to log into the site, as follows:

1. Using your Web browser (Internet Explorer 6), go to this Internet site:

<https://rpt.pmp.relayhealth.com/NV>

2. The site Login window displays. Select the **Request Account** button.



3. Select the User Type from the drop-down on the Request Account screen.

- Pharmacy or Dispenser
- Prescriber



4. If you are a Dispenser or Pharmacy enter the Facility DEA # and NPI.

OR

If you are a Prescriber enter the Prescriber DEA # and NPI.

Request an Account

If you already have an account, you can [sign in here](#)

User Type:
Dispenser or Pharmacy ▾

Facility DEA#:

NPI (if unknown leave blank):

Request an Account

If you already have an account, you can [sign in here](#)

User Type:
Prescriber ▾

Prescriber DEA#:

NPI (if unknown leave blank):

5. Click **Next**. Account Setup form displays.

Note. If the facility or prescriber DEA number that you enter is already registered or is not found in the expected DEA list, an error message displays. If you typed the number incorrectly, please reenter it. Otherwise, call RelayHealth NV PMP Customer Care at 1-800-892-0333 for assistance in creating your account.

Prescription Monitoring Program

The Facility DEA# or Secondary ID was not found in the expected list provided provided by the state. Please verify that you have entered the correct Primary or Secondary ID. If you wish to continue with the registration process then complete the form below

Request an Account

To continue with the registration process, complete the form below.

Facility DEA#: BB6564323	Secondary ID:
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Profile Information

First Name: <input type="text"/>	Last Name: <input type="text"/>	
Facility Type: - Select Facility Type - <input type="button" value="v"/>	Organization Name: <input type="text"/>	Address Line 1: <input type="text"/>
Address Line 2: <input type="text"/>		City: <input type="text"/>
State: -- Select State -- <input type="button" value="v"/>	Zip Code: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Email: <input type="text"/>	Retype Email: <input type="text"/>
Select User ID		
User Name: <input type="text"/> User Name Rules		
Hint Answer and Question		
If you forget your password we will verify your identity by asking you the following question and e-mail your new password to you.		
Hint Question: <input type="text"/>	Hint Answer: <input type="text"/>	
Scroll down and read through the Terms of Use below until you reach the end, where you will see an agreement checkbox. You must click this checkbox in order to successfully complete your registration.		
Terms Of Use alliances (referred to as "we", "us", "relayhealth" or "company"). By accessing the web site, uploading or viewing materials on this web site, or otherwise using this site or any related web pages (collectively referred to as "Site") in any manner, you ("you", "your", "Subscriber" or "user") agree that you have read and agree to these terms of use that are posted on the Site. These Terms of Use may change. The Company reserves the right to update or modify these Terms of Use at any time without prior notice. Your use of this Site following any such change constitutes your agreement to be bound by the modified Terms of Use. We encourage you to review these Terms of Use prior to your use of the Site.		

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6. Type information into all fields. Be sure to create a User Name that you will remember.
*Note. We **require** an email address so that we can easily communicate with you regarding your password for the registration process.*
7. Define your **Hint Question** and **Answer**. If you forget the password to your account, you will have to provide the answer to the Hint Question to get access to it again. The system will email you a temporary password.
8. Scroll down and read through the **Terms of Use** until you reach the end and click the checkbox.

Scroll down and read through the Terms of Use below until you reach the end, where you will see an agreement checkbox. You must click this checkbox in order to successfully complete your registration.

that remains in RelayHealth's possession or control and shall retain no copies of that PHI, or, if the return or destruction is not feasible in RelayHealth's determination, extend the protections of this Business Associate Amendment to the retained PHI and limit further uses and disclosures to those purposes that make the return or destruction infeasible.

14. Effective Date. The effective date of this Business Associate Amendment is the effective date of the Agreement, except that such terms or conditions related to Electronic PHI only shall be effective the later of the applicable Security Rule compliance date for the Subscriber or the effective date of the Agreement.

I agree to the terms of use.

Request Account Cancel

9. Click **Request Account** to submit the form.

Your registration request has been submitted. Upon account approval a temporary password will be emailed. You will need to use this email to complete the registration process, as described next.

Using the Automatic Email to Complete Registration

To verify that you requested an account and to test the email address you supplied, a confirmation email will be sent to you with your temporary password.

Congratulations! Once you receive that email, you can use the User ID that you requested and the temporary one-time password in the confirmation email to log into the site, as follows:

1. Using your Web browser (Internet Explorer 6), go to this Internet site:

<https://rpt.pmp.relayhealth.com/NV>

2. The site Login window displays. Enter the User ID that you requested and the temporary one-time password in the confirmation email and select the **Login** button.

***Note.** You may find it easiest to copy the password from the email and paste it into the Password field in the Login screen. If you do this, be careful to ensure that you select the entire password but **not** the blank space after it. Then, copy the password (shortcut is **Ctrl-C**), click in the Password field in the Login screen, and paste it there (shortcut is **Ctrl-V**).*

Login

User ID:

Password:

Login

Forgot [User ID](#) or [Password](#)

Request Account