

# Enterra Patient Access Program

## Office Registration Form

Enroll online at <https://priaenrollment.com/Enterra> OR send this completed form via fax to 860-261-0639 or email to [enterra@priahealthcare.com](mailto:enterra@priahealthcare.com).

PRACTICE INFORMATION		
Practice Name:		
Phone:		
Fax:		
Address:		
Tax ID:		
NPI:		
PTAN:		
PHYSICIAN #1 INFORMATION		PHYSICIAN #2 INFORMATION
Physician Name:		
Physician NPI (if applicable):		
Tax ID:		
Enterra Sales Representative:		
PRIOR AUTHORIZATION/APPEAL COORDINATOR CONTACT INFORMATION		
Name:		
Email:		
Direct Phone:		Extension:
Fax:		
FACILITY INFORMATION		
Facility Name:		
Facility Address:		
Facility Phone:		
Facility Fax:		
Facility Tax ID:		
Facility NPI:		
ONBOARDING CALL AVAILABILITY		
Option #1:	Day:	Time:
Option #2:	Day:	Time:
Option #3:	Day:	Time:

If you have additional physicians or coordinator contacts, please email the program upon submission at [enterra@priahealthcare.com](mailto:enterra@priahealthcare.com).

<https://priahealthcare.my.site.com/Enterra>

**P** 860-374-2693

**F** 860-261-0639

[enterra@priahealthcare.com](mailto:enterra@priahealthcare.com)

