

SXC WEB PORTAL

- Register now to access important GA Medicaid information via SXC Web portal
- Information available:
 - Weekly Banners
 - Medicaid FFS medication history
 - Remittance Summaries
 - Preferred Drug List
 - Prior Authorization Guide
 - Part II Policy & Procedures Manual

The Registration Form can be accessed at

<https://ga.providerportal.sxc.com>

- Fax or e-mail registration form to

Fax: 770.776.2050 or **E-mail: gaportal@sxc.com**

- You will be contacted with your user name/password once the registration form is processed.

Provider Portal New User Request

A separate Provider Portal Access Identification form is required for each User requested. Please provide identifying information for the one individual that should be receiving access to the Provider Portal.

Provider Information			
I am a:	<input type="checkbox"/> Pharmacist	NCPDP:	Payee ID Internal Use Only
	<input type="checkbox"/> Pharm Other	NCPDP:	Payee ID Internal Use Only
	NPI:		
	<input type="checkbox"/> Physician	MD State License:	DEA Number (if applicable):
Medicaid ID			
User Name:			
	Last	First	MI
Pharmacy or Clinic Name:			
Address:			
	Street Address		
	City	State	ZIP Code
Phone:		Alt. Phone:	
E-mail:			

To the best of my knowledge the information supplied in this document is true, accurate and complete and is hereby released to the Georgia Department of Community Health Division of Medical Assistance for the purpose of Accessing the Provider Portal. I understand that falsification; omission or misrepresentation of any information in this document will result in a denial of access to the Portal, possible closure of current provider members and the denial of future enrollment requests, and may be punishable by criminal, civil or other administrative actions.

I understand that my signature certifies that I am authorized to make binding decisions on behalf of the Provider/Facility listed above.

Medicaid/PeachCare Provider Signature: _____

Date: _____

Fax the completed registration form to: 770.776.2050