



Community Health Direct Provider Portal

New User Registration

Step 1

Community Health Direct

Provider Portal

Online Services

- Check member eligibility and benefits
- Review claim status
- Find links to important resources
- Search the provider and facility directory
- Submit and review prior authorizations

Contact Us

Community Health Direct
Claims Mailing Address:
P.O. Box 50407
Indianapolis, IN 46250
Electronic Payer ID: 35191

Customer Service / Claims Questions: 317-621-7555
Health Questions: 317-621-7551
eMail: CUProviderRelations@Community.com

Login

Username

Password

[Create an Account](#)
Expect your username to be xxxxxxxx

Click on 'Create an Account'

Step 2

Community Health Direct

Signup Step 1

Please read the License Agreement. Click "Next" to continue.

License Agreement

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Links to Third Party Websites. The hypertext links in the website let you leave our website. The linked websites are not under our control, and therefore we are not

Accept

⏪ ⏩ ⏴ ⏵

Check the 'Accept' box

Then the next button will be active. Click on the Next button.

Step 3

Community Health Direct

Signup Step 2

Please complete all fields. Select 'Add Provider'

A pop-up screen will display requesting your Tax Identification Number and a claim number which payment has been made within the past 6 months. Both fields are required to proceed.

To add multiple Tax Identification numbers, continue selecting 'Add Provider'.

Click 'Next' to continue with the Sign-up process.

First Name

Last Name

Address Line 1

City

State

Zip

Phone

Enter your information on this form. Once the form is filled out a pop up box will appear.

Step 4

Community Health Direct

Signup Step 2

Please complete all fields. Select
A pop-up screen will display requ
been made within the past 5 mon

To add multiple Tax Identification
Click 'Next' to continue with the Sign-up process.

First Name
Amanda

Last Name
Cantrell

Address Line 1
8180 Clearvista Dr

City
Indianapolis

State
Indiana

Zip
46280

Phone

TIN
NPI
10 characters maximum
Add Provider Cancel

Enter the TIN and NPI for the provider's claims you would like to access.

Previous Add Provider Cancel

Step 5

Community Health Direct

Signup Step 2

Please complete all fields. Select 'Add Provider'

A pop-up screen will display requesting your Tax Identification Number and a claim number which payment has been made within the past 6 months. Both fields are required to proceed.

To add multiple Tax Identification numbers, continue selecting 'Add Provider'.

Click 'Next' to continue with the Sign-up process.

First Name
Jwanda

Last Name
Cantrell

Added Providers

TIN	NPI	
xxxxxx2786	xxxxxx5377	Edit Remove

Address Line 1
8180 Clearvista Dr

City
Indianapolis

State
Indiana

Zip
46250


Phone

[Previous](#) [Add Provider](#) [Next](#)

The provider's info will attach to your signup. You can add as many providers as you need.

Click next when you have all of the provider's listed that you need to access.

Step 6



Signup Step 2

Please complete all fields. Select 'Add Provider'

A pop-up screen will display requesting your Tax Identification Number and a claim number which payment has been made within the past 6 months. Both fields are required to proceed.

To add multiple Tax Identification numbers, continue selecting 'Add Provider'.

Click 'Next' to continue with the Sign-up process.

First Name

Last Name

Added Providers

TIN	NPI	
xxxxx2788	xxxxxx377	Edit Remove

Address Line 1

City

State

Zip

Phone

For more questions regarding the
Community Health Direct Provider Portal,
please call or email us.

Phone: 317.621.7581

Email: CHDProviderRelations@eCommunity.com