

## Provider Portal Registration

URL - <https://mfcdcprovider.healthtrioconnect.com>

To the end of login page, Register option is available, click on that.



### Provider Portal

**Username**  
  
[Forgot username](#)

**Password**  
  
[Forgot password](#)

**Login**



**Register as New User**  
New to the portal, register as a provider today.

**Register**

Fill in the fields which is mandatory in below screenshot and click on Next.

First and Last name should be given from HRP and the remaining fields can be entered as we choose and click on Next.

## User Information

If you are an existing user of the Connect system please login. [Click here to start your session.](#)

**First Name \***

**Middle Initial**

**Last Name \***

**Title**

**E-Mail \***

**Confirm E-Mail \***

**Office Phone \***

Example: (555) 555-5555

**Extension #**

Example: 123456

**Office Fax**

Example: (555) 555-5555

**User Name \***

**Password \***

**Confirm Password \***

**Security Question 1 \***

**Security Answer 1 \***

Your answer may not contain your username.

**Security Question 2 \***

**Security Answer 2 \***

Your answer may not contain your username.

**Security Question 3 \***

**Security Answer 3 \***

Your answer may not contain your username.

**Local Admin**

As the primary registrant, you are automatically a local admin

Cancel

Back

Next

On the next page search for Provider Office and click on next

## Search for your provider office

Search For

Search By

Search Text

**Search**

**Cancel**

**Back**

**Next**

According to the search, appropriate Provider office will be displayed, choose the Provider office and then click on Next button.

## Provider Office Search Results

**Name**

**Office Address**

AMERIPATH FLORIDA LLC M895 SW 30TH AVE #101, POMPANO BEACH, FL 33069

**1 - 1 of 1**

My office is not listed \*

**Cancel**

**Back**

**Next**

Click Next on the page loaded after checking the details.

## Office Information

Enter the name and address of your office.

Organization Name \*

AMERIPATH FLORIDA LLC

Tax ID \*

650641688

Payer Identification Value 1

Payer Identification Value 2

Payer Identification Value 3

Address \*

M895 SW 30TH AVE #101

City \*

POMPANO BEACH

State \*

Florida



Zip Code \*

33069

Cancel

Back

Next

Click Finish on the Registration Summary page

## Registration Summary

Office Contact Info:

> AMERIPATH FLORIDA LLC

Practices Represented:

[[edit]]

> AMERIPATH FLORIDA LLC

User Information:

[[edit]]

> AMERIPATH FLORIDA LLC, AMERIPATH FLORIDA LLC

Cancel

Back

Finish