

Georgia Resident Roster Distribution User Account Information Form

The secure web portal is used to distribute all Resident Roster Reports and to collect amended payor source information. In order to implement this process, **please complete this form and email the completed form to: npassword@dch.ga.gov, Nursing Home Reimbursement, GA Department of Community Health.** Please fill in the required information, if this information is not complete, the contact information can't be accepted. The IP address for each contact should be obtained from their individual work computer, below are the instructions on how to determine the computer IP address.

Facility Information (Required)

Facility Name: _____

Facility Medicaid Number: _____

Contact Information

Contact 1

Contact #1 Name: _____

Contact #1 Phone Number: _____

Contact #1 Email Account: _____

Contact #1 IP Address: _____

Contact 2

Contact #2 Name: _____

Contact #2 Phone Number: _____

Contact #2 Email Account: _____

Contact #2 IP Address: _____

Contact 3

Contact #3 Name: _____

Contact #3 Phone Number: _____

Contact #3 Email Account: _____

Contact #3 IP Address: _____

Contact 4

Contact #4 Name: _____

Contact #4 Phone Number: _____

Contact #4 Email Account: _____

Contact #4 IP Address: _____

To determine the computer IP address, from the computer you plan to use to access your files, connect to the internet and go to www.Google.com. Using the Google search box, type "what is my public IP address." Based on your web browser, your IP address will either be returned or you will be prompted with several web pages you can select that will return your IP address.

If you have any trouble determining your IP address or have any questions in regard to this request, please contact Angelica D. Clark, Senior Manager at (404) 463-2956