Health Alliance Plan®
by Henry Ford Health

HAP CareSource™

eApply Help Guide

Individual Practitioner – Not Credentialed

June 2026

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Welcome and Tips

Welcome to the Health Alliance Plan by Henry Ford Health online enrollment application, eApply! This guide will assist you as you navigate eApply.

The process is simple—complete the fields, upload appropriate documents, e-sign the application and submit. We will email you when the enrollment process is complete.

Tips

1. Be sure to have this guide handy as you are working in the application. It contains screen shots and explanations of each field. Any data found in this guide is fictitious.

2. Refer to the notes within the application at the top of each tab for additional help.

3. There are required fields throughout the application marked with a red *.

4. **Troubleshooting tips**:
    - If the application appears slow or non-responsive, try clearing your cache.
    - If a field won't take information, try closing the application, log in, return to the tab and enter the information again.

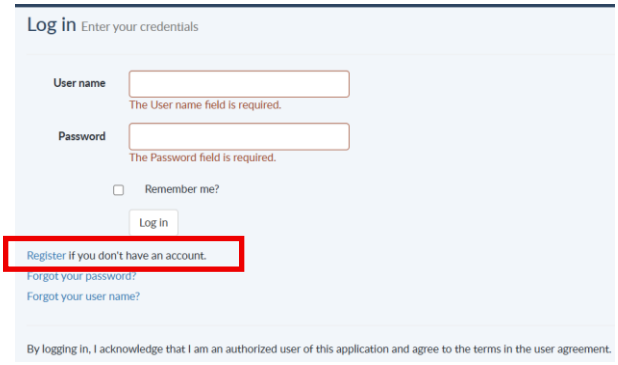
5. If you need assistance:
    - Email **providernetwork@hap.org** and put "eApply question/issue" in the subject.

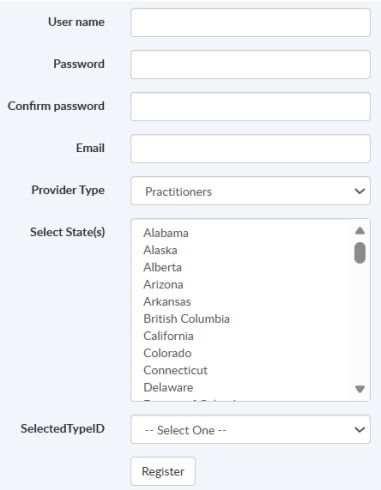
6. **Before you get started, be sure to read the registration instructions in this guide.**

Thank you for your interest in joining our network! We look forward to partnering with you!

Registration

1. Refer to the email you received from providernetwork@hap.org with the link to the eApply application. Select the link.
2. Select *Register*.
3. Complete fields – see important information and the table below.

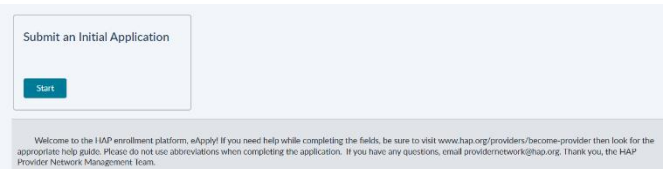




Important! Usernames and emails must be unique for every practitioner enrolling.

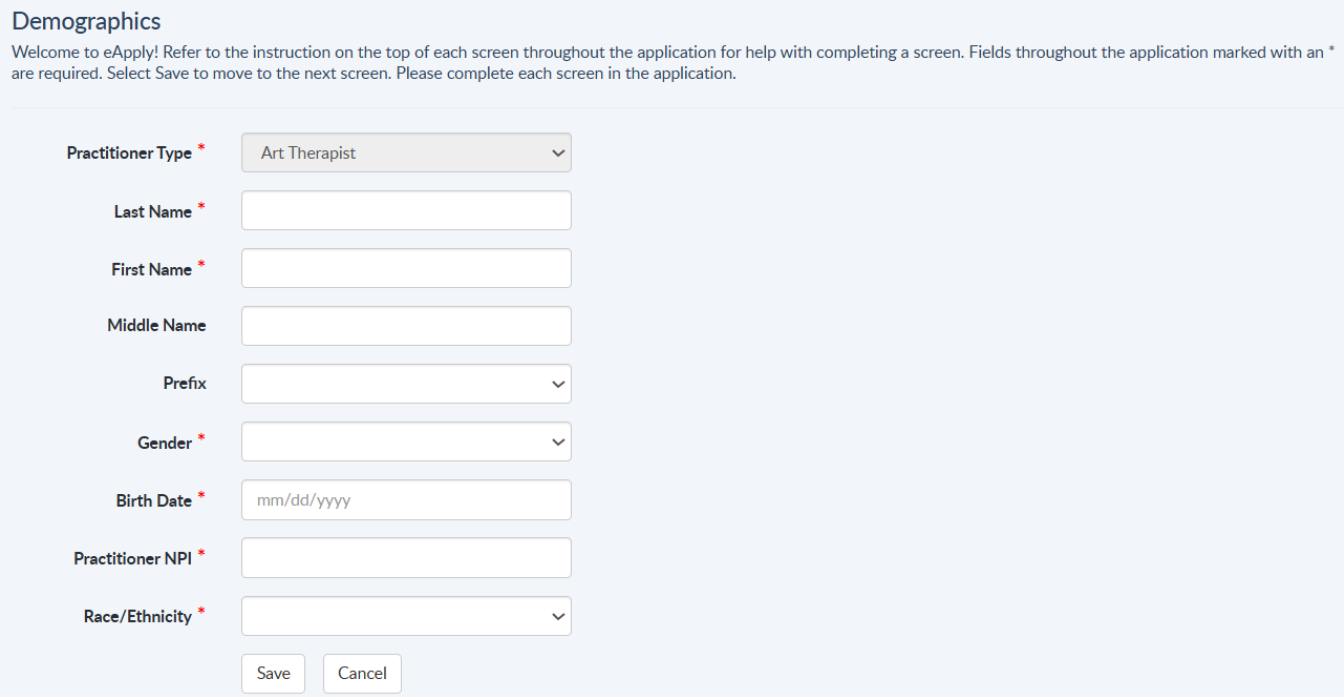
Field	Instructions
User name	**Must be unique. Use the name of the provider you are enrolling**. If you are the enrollment person in your office, do not use your own name.
Password	Choose a password.
Confirm password	Confirm your password.
Email	**Must be unique. Use the name of the provider you are enrolling and their email address (office or personal).** **Here are some examples:** • johnsmithmd@abcinternalmed.com OR johnsmithmd@gmail.com • sallyjonesdo@abcinternalmed.com OR sallyjonesdo@yahoo.com • ACBpediatrics@gmailcom • smithdme@yahoo.com **This email is only used for registration.** In the application, you will be asked for an email address and contact name. We will use that information for communications including enrollment status. **That name and email address do not need to be unique.**
Provider type	Choose Practitioners.
IMPORTANT! Be sure to save this username, email, and password. • In case you time out or don't finish the provider's application, you need the username and password for access. • If you forget your password, you will need the email you registered with to reset it. See Appendix B for username/password reset help.	

4. Select *Register*.
5. Now you are ready to start the application.
6. Select *Start* under *Submit an Initial Application*.



Demographics

1. Complete fields. Fields with an * are required. See table below for instructions.

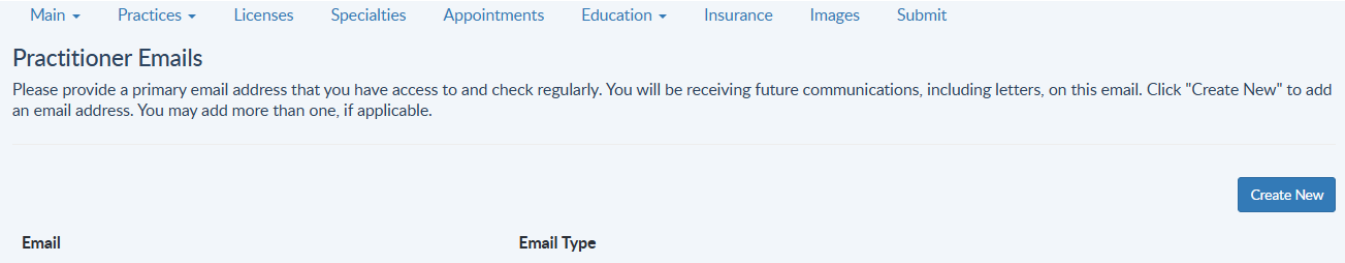


Field	Instructions
Practitioner Type*	Auto populates based on selection during registration.
Last Name*	Enter practitioner last name.
First Name*	Enter practitioner first name.
Middle Name	Enter practitioner middle name.
Prefix	Choose appropriate prefix.
Gender*	Choose appropriate gender.
Birth Date*	Enter practitioner date of birth.
Practitioner NPI*	Enter practitioner Type 1 NPI
Race/Ethnicity*	Choose appropriate race/ethnicity.

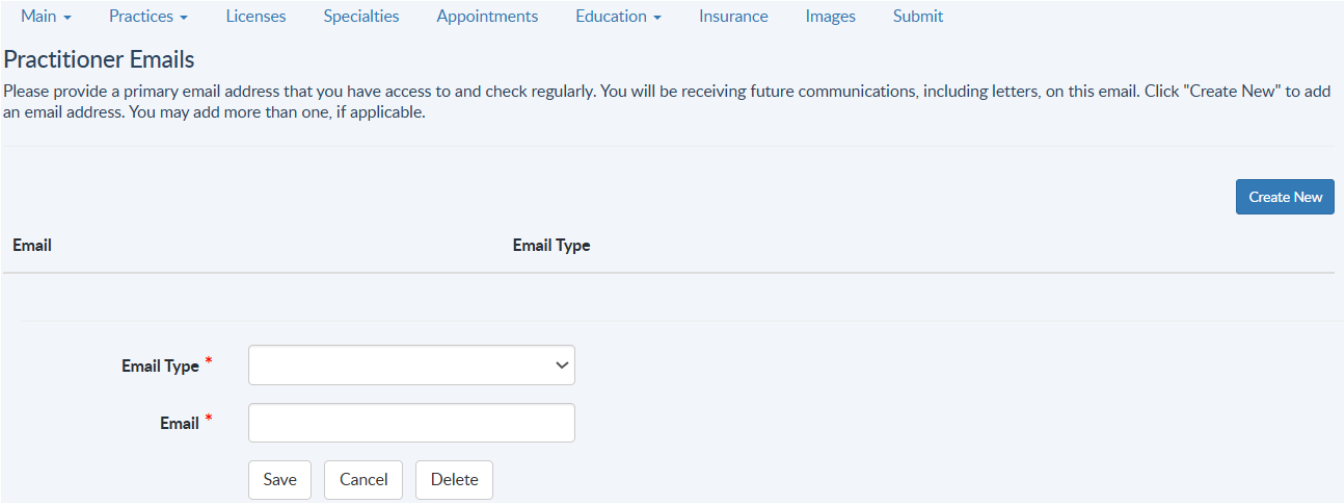
2. When finished, select *Save*.
3. Select *Main, Emails*.

Emails

1. Select Create New.



2. Complete fields. Fields with an * are required. See table below for instructions.

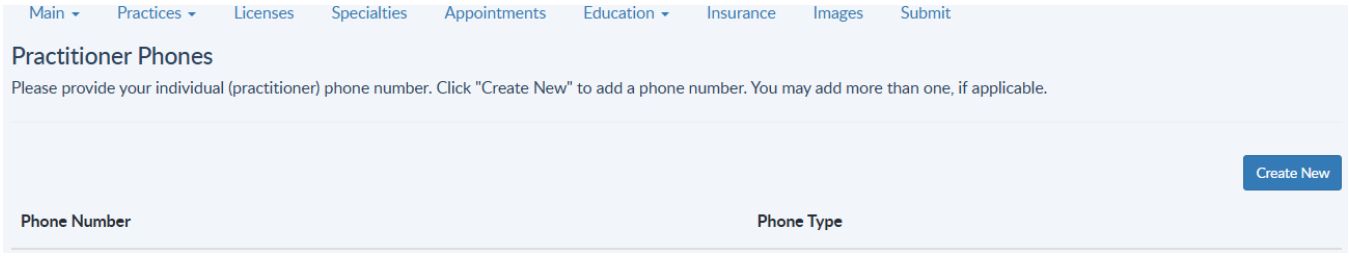


Field	Instructions
Email Type*	Select appropriate type.
Email*	Enter email address.
Important! We will use this email address for communications including enrollment status. It does not need to be unique.	

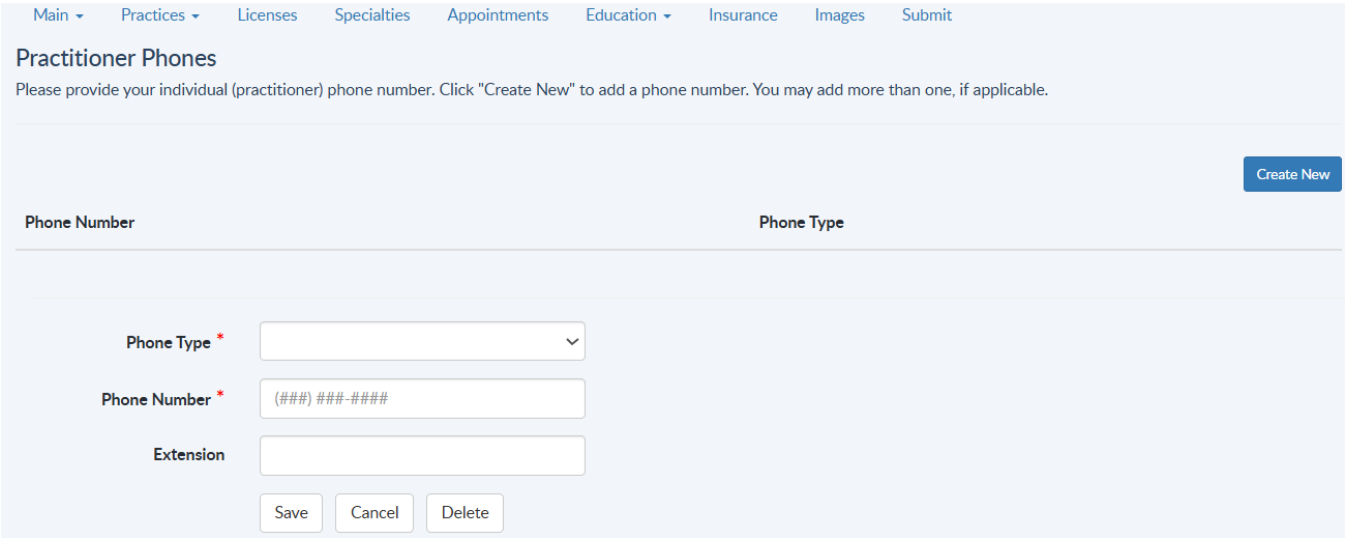
3. Select Save.
4. Select *Main*, *Phones*.

Phones

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.

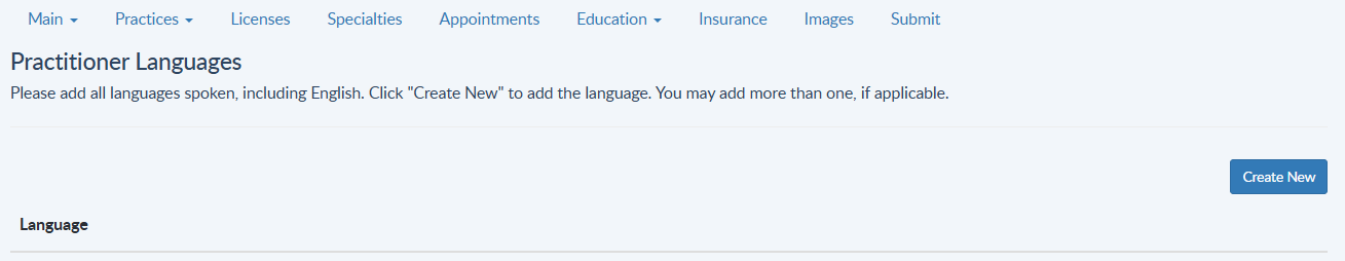


Field	Instructions
Phone Type*	Select Primary.
Phone Number*	Enter phone number.
Extension	Enter phone extension if appropriate.

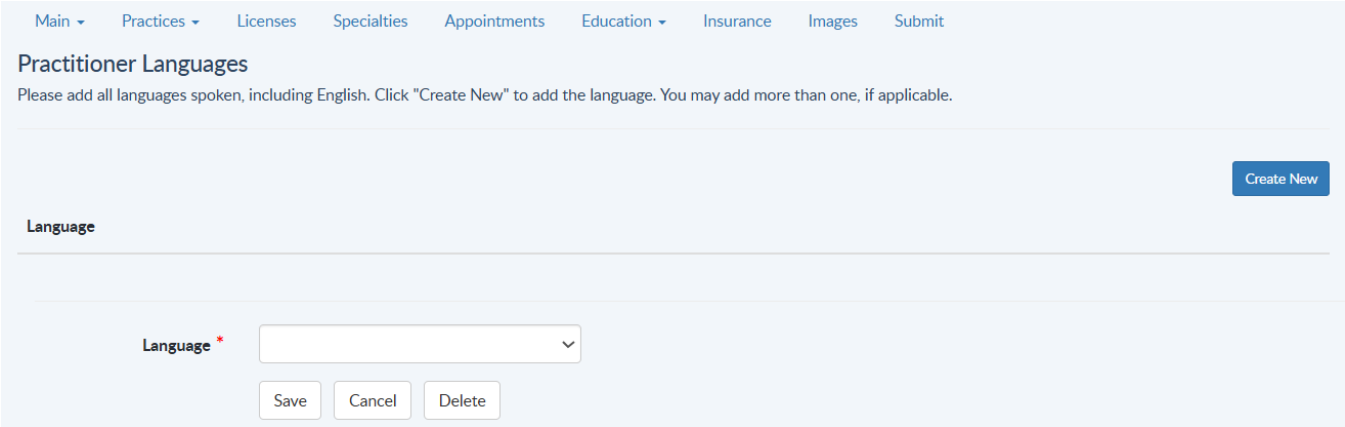
3. Select Save.
4. Select *Main*, *Languages*.

Languages

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.

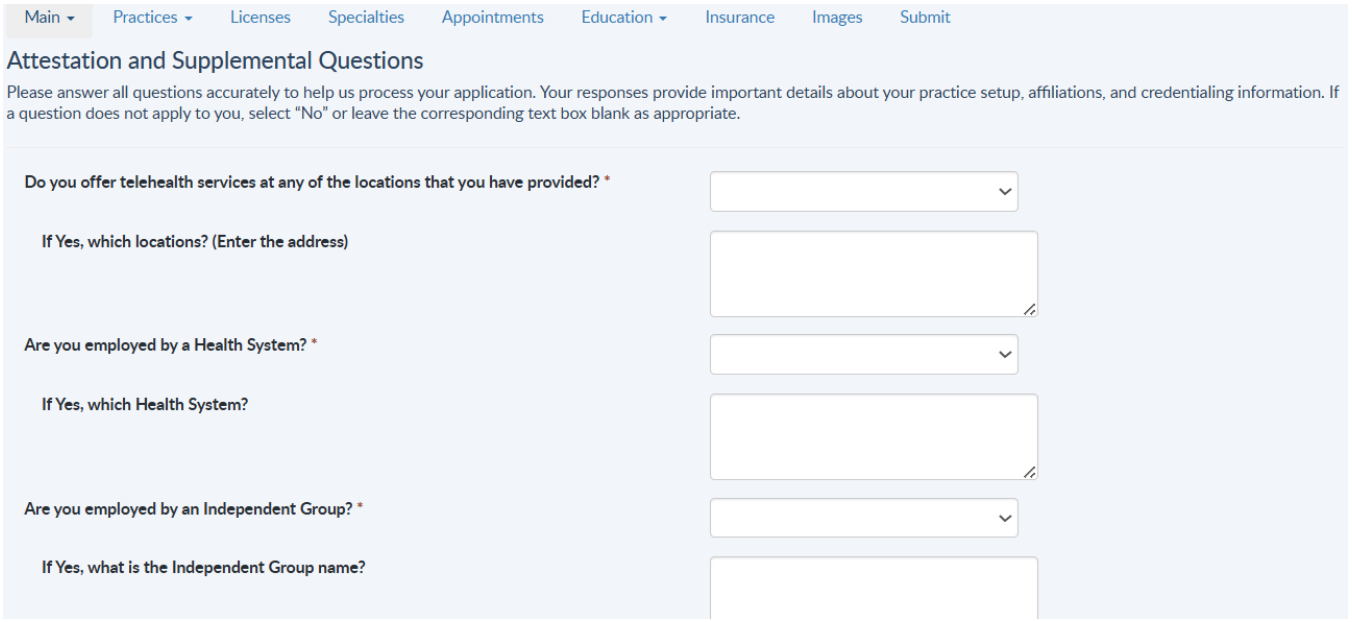


Field	Instructions
Language	Select English. Select any other languages. Note: Languages are entered one at a time.

3. Select Save.
4. Select *Main*, *Questions.*

Questions

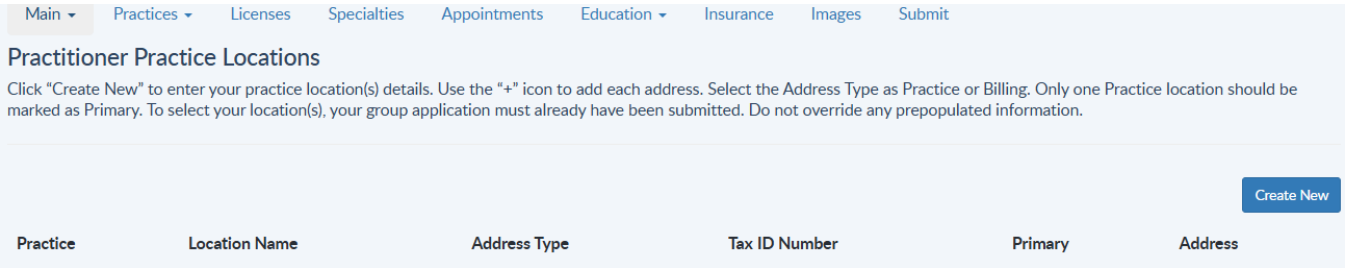
1. Review each question. The screenshot below is a sample of some of the questions. Fields with an * are required. **If you answer "yes" to any question, you must provide additional information in the appropriate field.**



2. When finished, select *Save.*
3. Select *Practices*, *Current*.

Practices

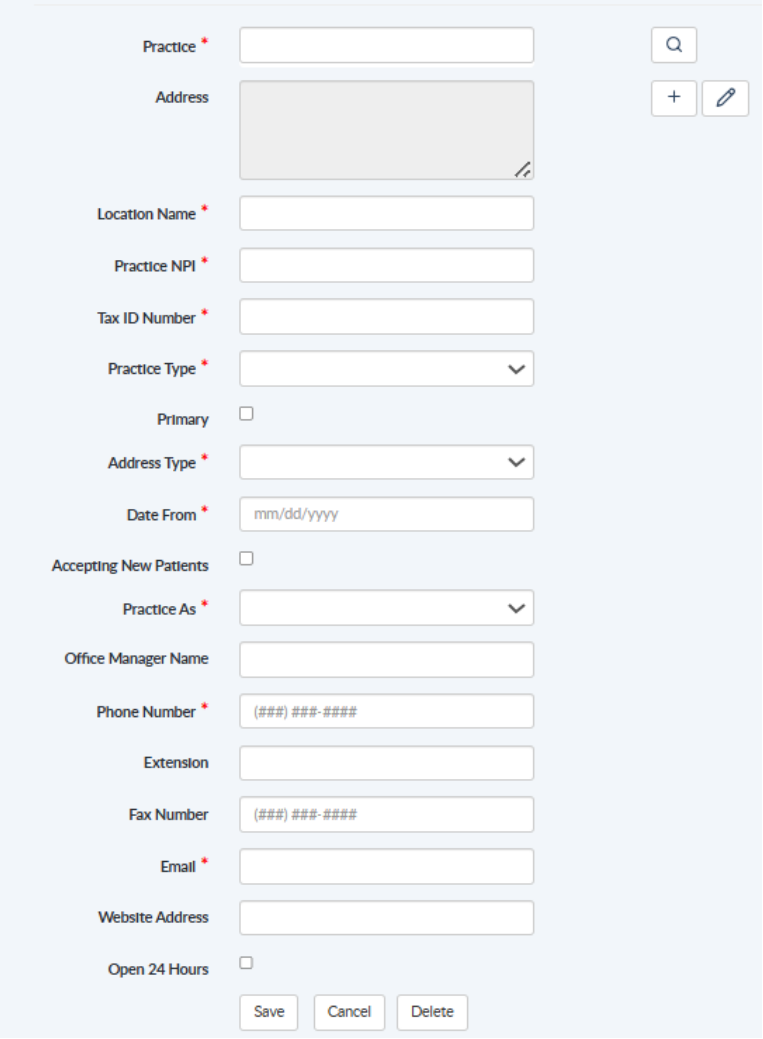
1. Select *Create New.*



2. Complete fields. Fields with an * are required.

3. To add more locations, select *Create New* and repeat these steps.

See next page for screen shot and table with instructions.

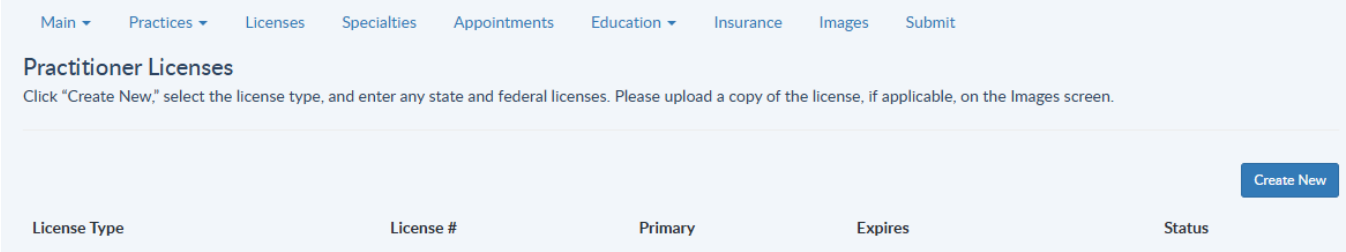


Field	Instructions
Practice*	Select magnifying glass to search for group (NPI Type 2) you're affiliated with.
Address	Auto populates based on group selected.
Location Name*	Name of your specific practice location (name on the door).
Practice NPI*	Type 2 NPI of your practice.
Tax ID Number*	TIN of the practice.
Practice Type*	Select appropriate practice type. If you don't see an appropriate choice, you can select Ancillary-Others.
Primary (check box)	Select if primary address.
Address Type*	Select practice.
Date From*	If it doesn't auto populate, enter approximate date practitioner started at location.
Accepting New Patients (check box)	Check if appropriate.
Practice As*	Select appropriate type.
Office Manager Name	Enter name of office manager.
Phone Number*	Enter phone number of practice location.
Extension	Enter phone number extension, if applicable.
Fax Number	Enter fax number of practice location.
Email*	Enter email address of the **practice** location.
Website Address	Enter website address of practice location.
Open 24 hours (check box)	Check if available 24 hours.

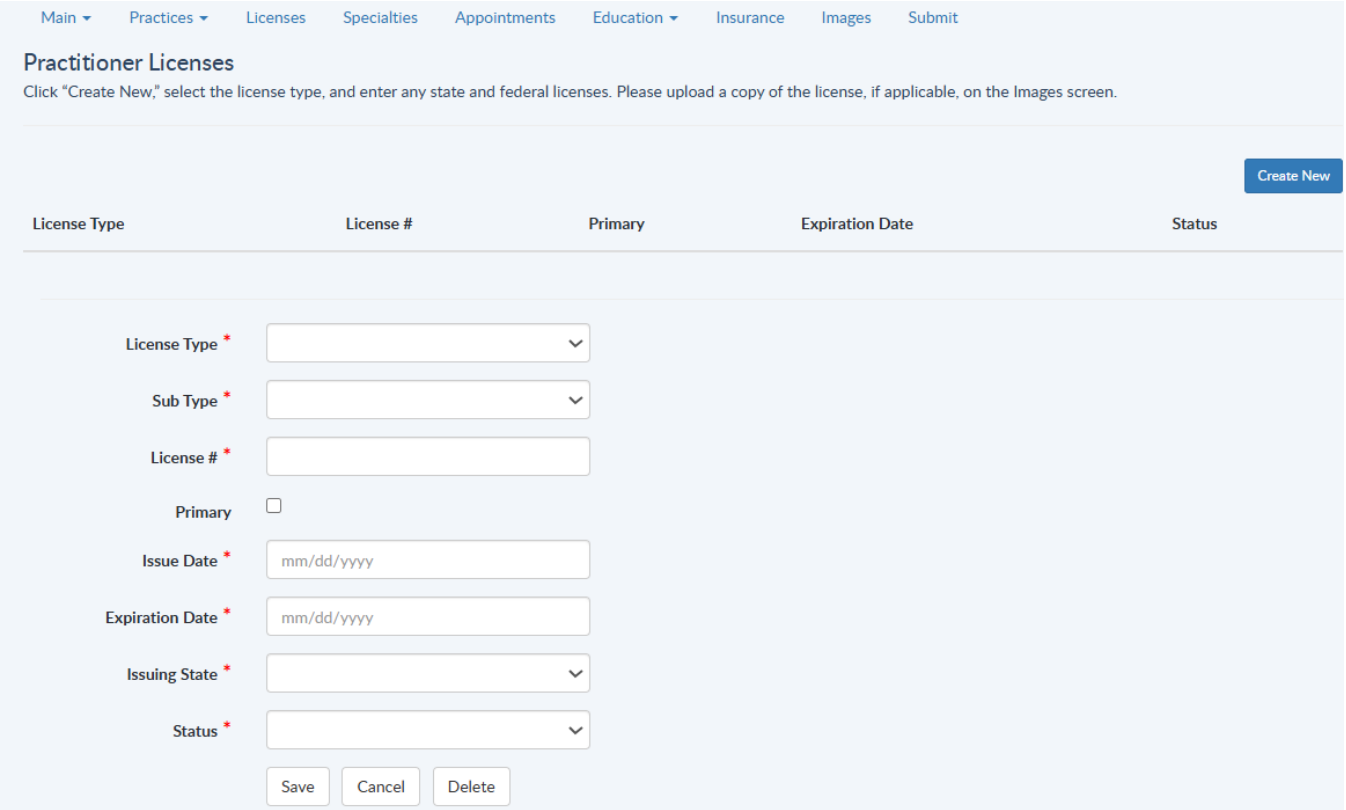
4. Select *Save*.
5. Select *Licenses.*

Licenses

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.



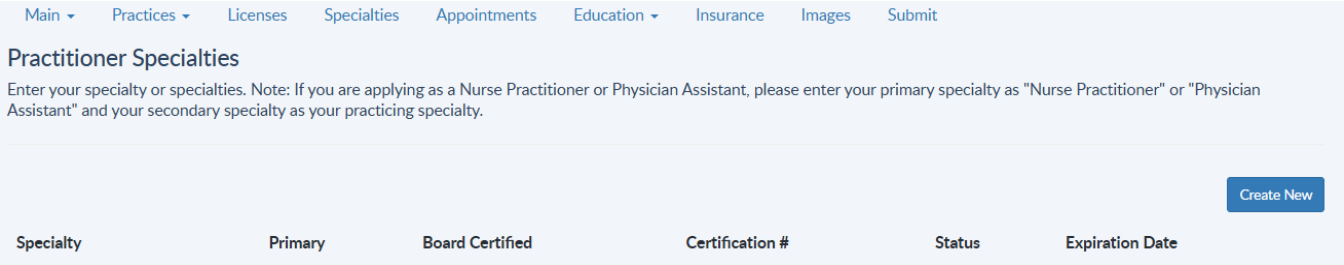
Field	Instructions
License Type*	Choose appropriate license type.
Sub Type*	Choose appropriate sub type.
License #*	Enter license number
Primary (check box)	Check if this is your primary license.
Issued Date*	Enter issue date of license.
Expiration Date*	Enter expiration date of license.
Issuing State*	Select issuing state.
Status*	Select appropriate status.

3. Be sure to add license information to all practice locations. Select *Save.*
4. Select next tab, *Specialties*.

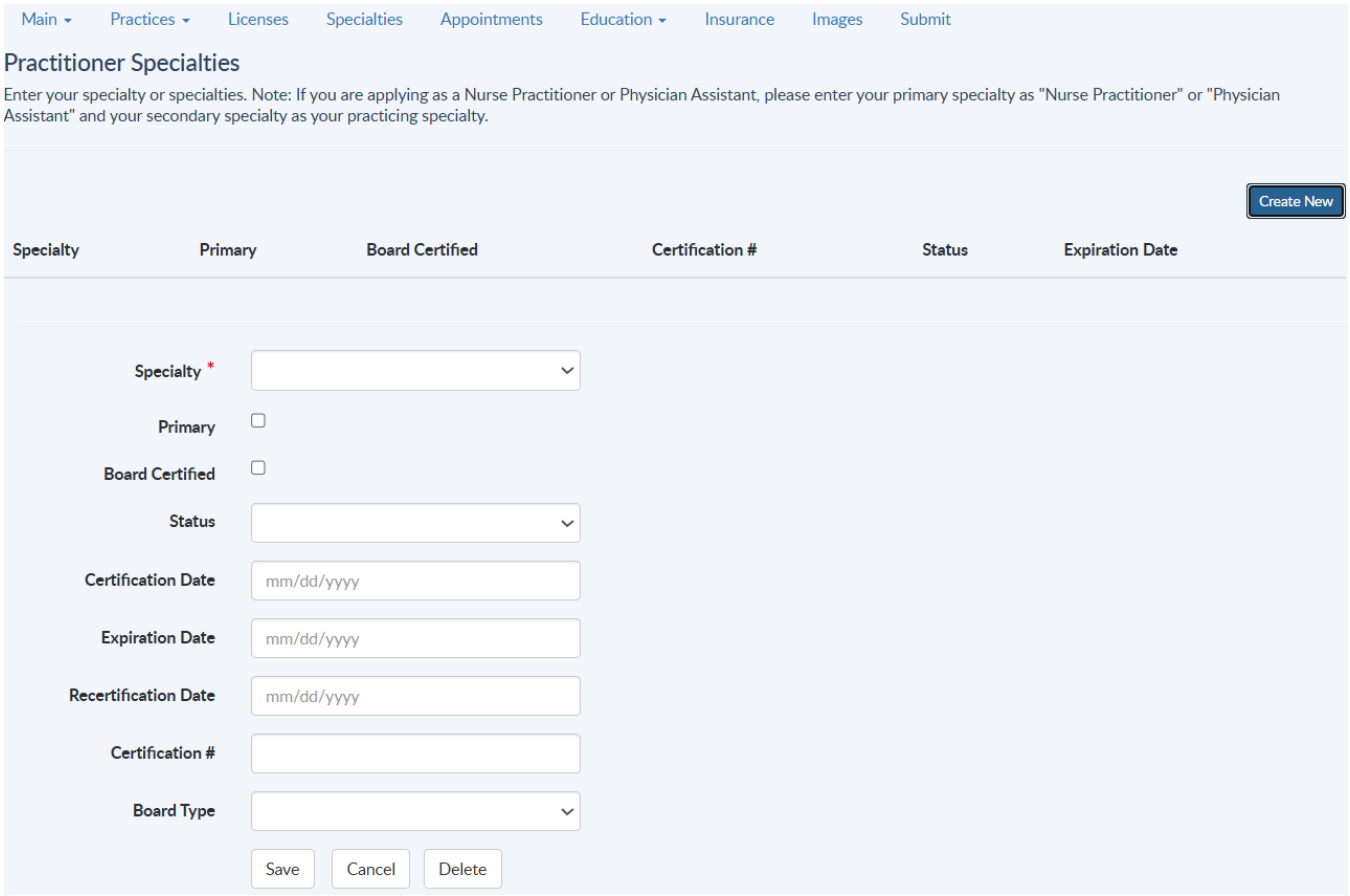
Important! You can upload copies of licenses in the *Images* tab.

Specialties

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.

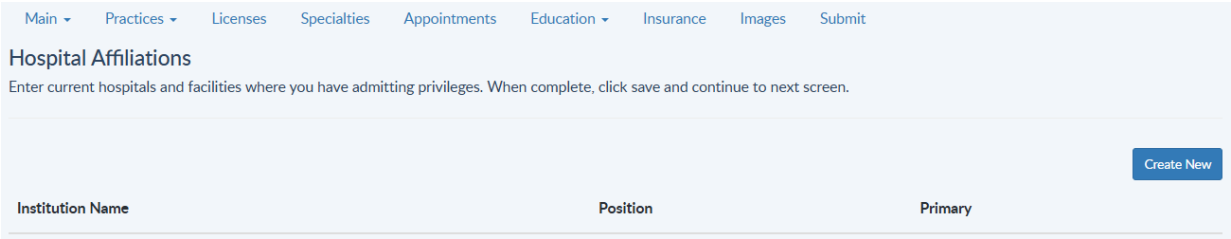


Field	Instructions
Specialty*	Select the correct specialty.
Primary (check box)	Check the box if primary specialty.
Board Certified (check box)	Check the box if board certified.
Status	Select the correct status.
Certification Date	Enter certification date if appliable.
Expiration Date	Enter certification expiration date if appliable.
Recertification Date	Enter recertification date if appliable.
Certificate #	Enter certificate number.
Board Type	Select correct board type. Note: There might be multiple boards listed with the same name, just pick one of them.

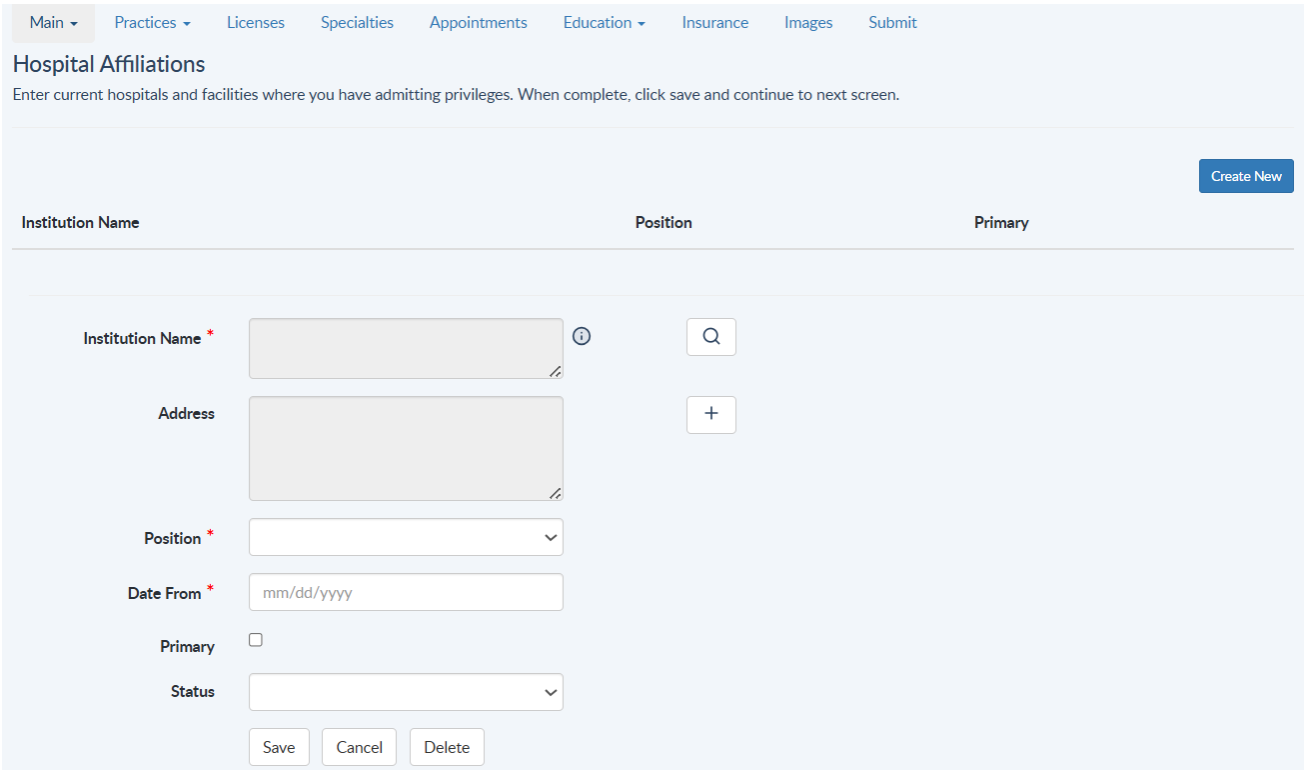
3. When finished, select *Save*.
4. Select next tab, *Appointments.*

Appointments

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.

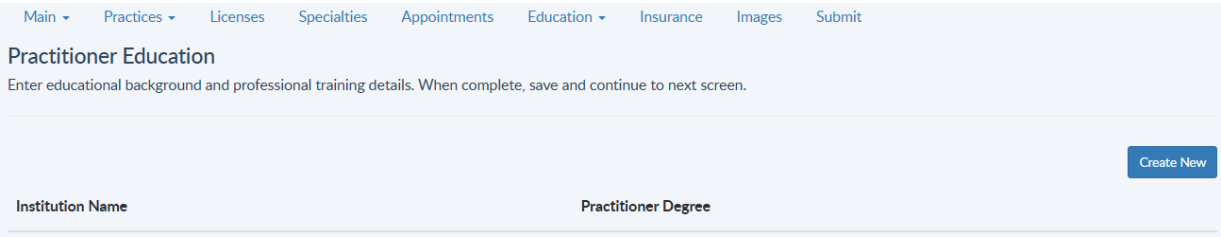


Field	Instructions
Institution Name*	Select magnifying glass to search for an institution. Note: If you don't have admitting privileges, search on "none" and select it.
Address	Auto populates after institution selected.
Position*	Select appropriate position or not applicable.
Date From*	Enter date (approximate) started at institution.
Primary (check box)	Select if primary hospital affiliation.
Status	Select appropriate response.

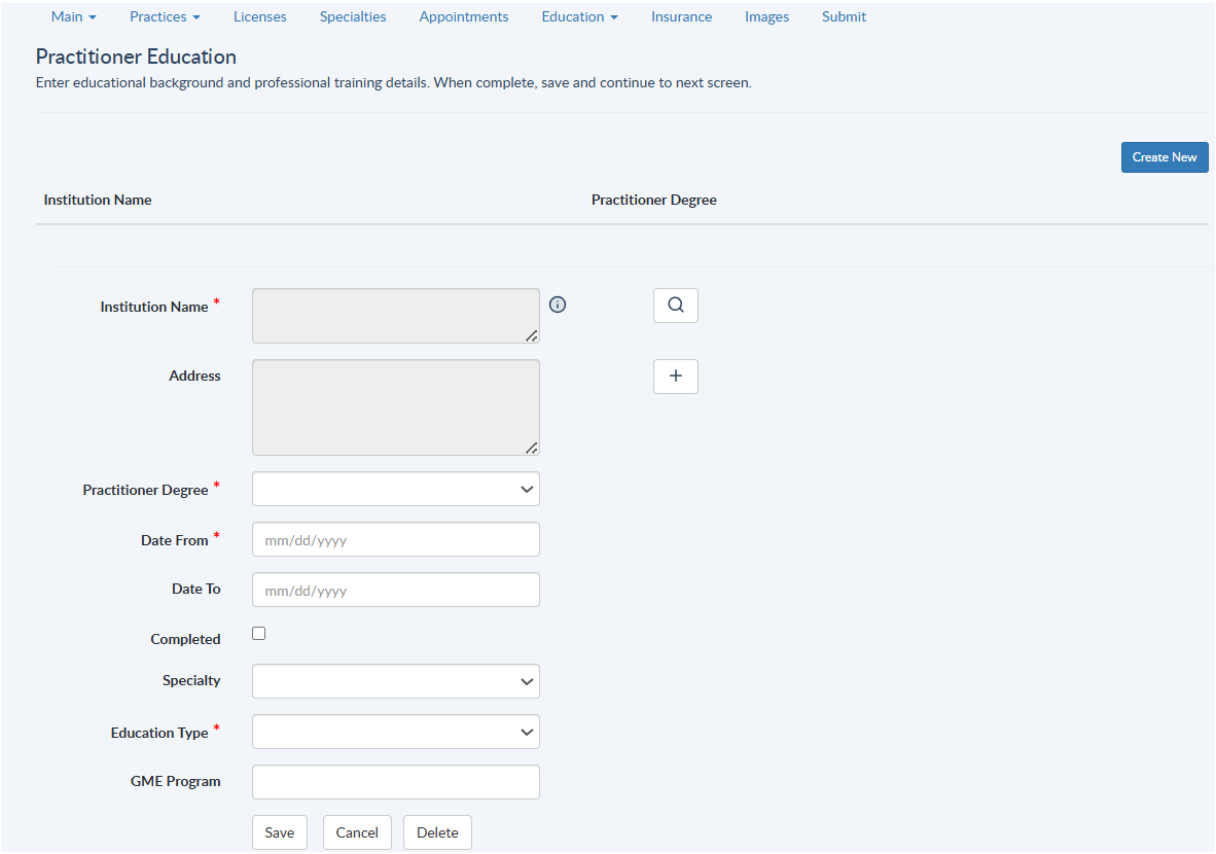
3. When finished, select *Save*.
4. Select next tab, *Education, Professional.*

Education

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.

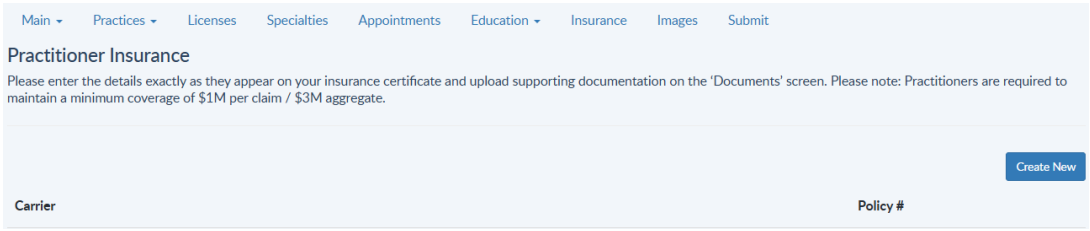


Field	Instructions
Institution Name*	Select magnifying glass to search for an institution. Note: If you don't have an institution to select, search on "none" and select it.
Address	Auto populates after institution selected.
Position*	Select appropriate degree or not applicable.
Date From*	Date degree obtained.
Date To	Leave blank.
Completed (check box)	Select if appropriate.
Specialty	Select appropriate specialty.
Education Type*	Select appropriate education.
GME Program	Enter appropriate program, if applicable.

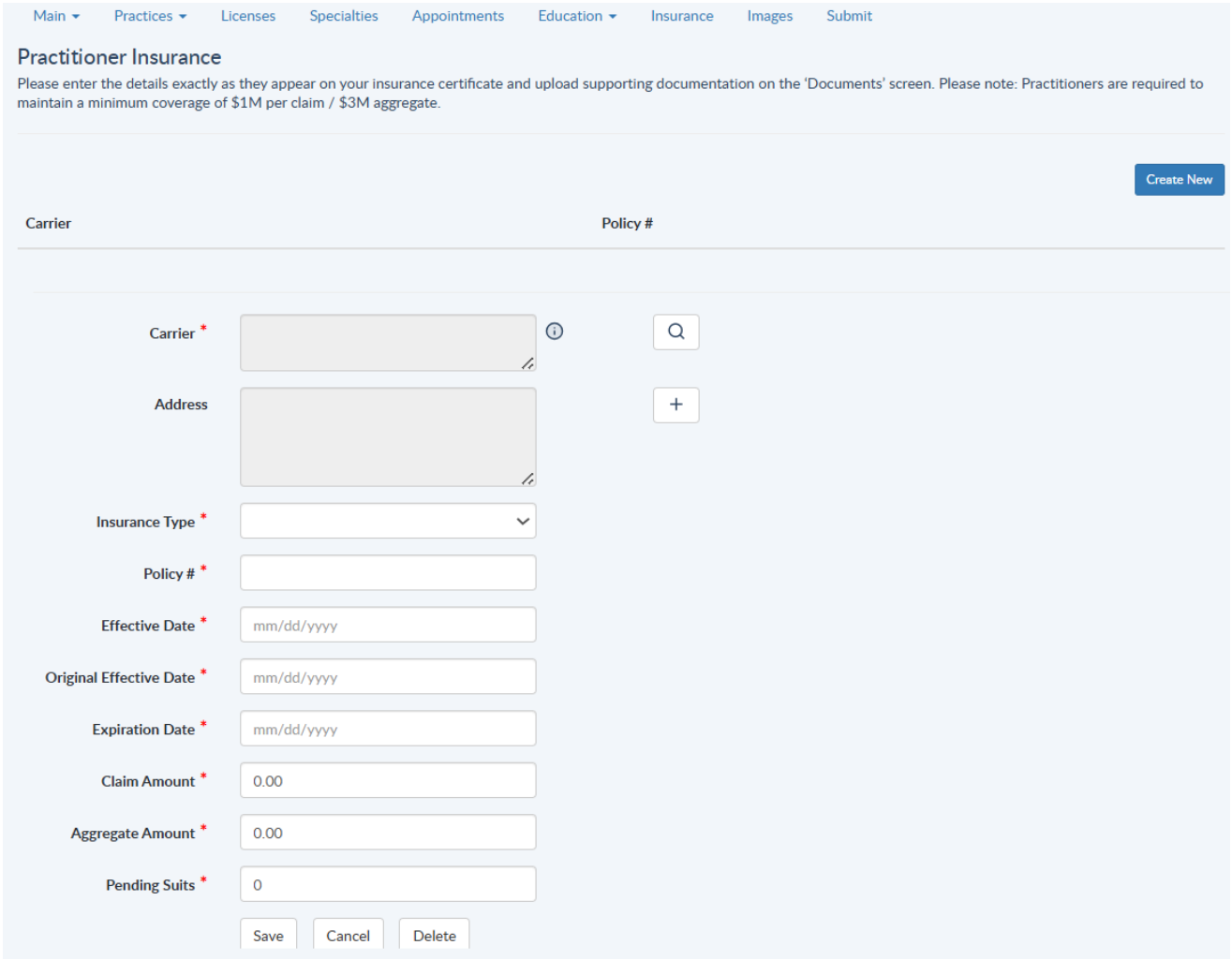
3. When finished, select *Save*.
4. Select next tab, *Insurance.*

Insurance

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions.

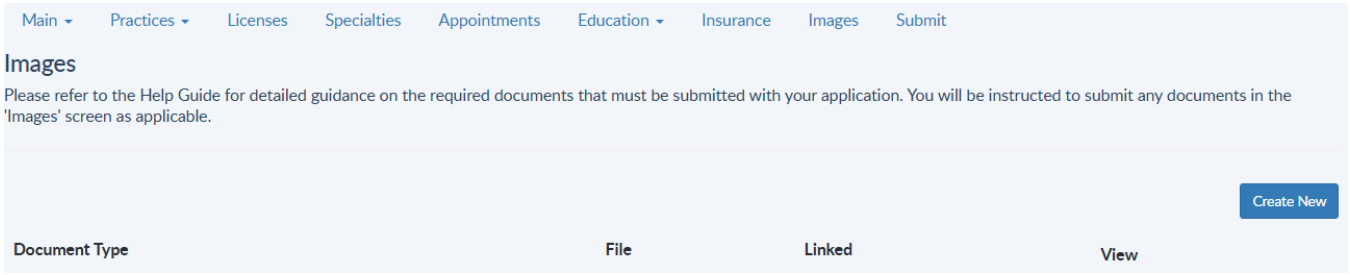


Field	Instructions
Carrier*	Select magnifying glass to search for an institution.
Address	Will auto populate after institution selected.
Insurance Type*	Select appropriate insurance type.
Policy #*	Enter policy number.
Effective Date*	Enter current effective date of policy.
Original Effective Date*	Enter original effective date of policy.
Expiration Date*	Enter expiration date of policy.
Claim Amount*	Enter claim amount. Do not enter commas.
Aggregate Amount*	Enter aggregate amount. Do not enter commas.
Pending Suits*	Enter any pending lawsuits.

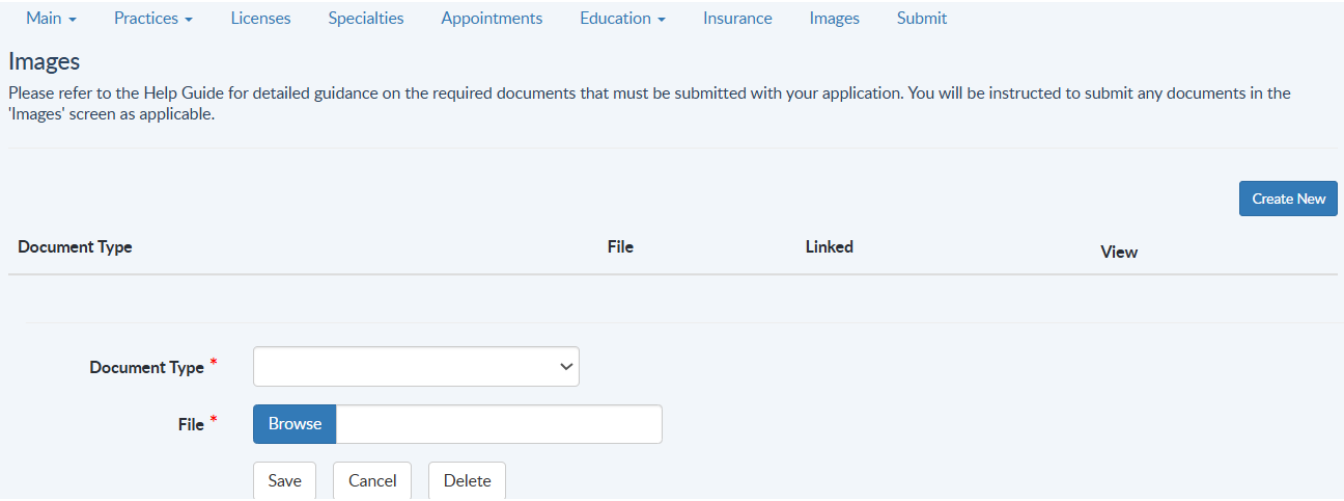
3. When finished, select *Save*.
4. Select next tab, *Images*.

Images

1. Select *Create New*.



2. Complete fields. Fields with an * are required. See table below for instructions



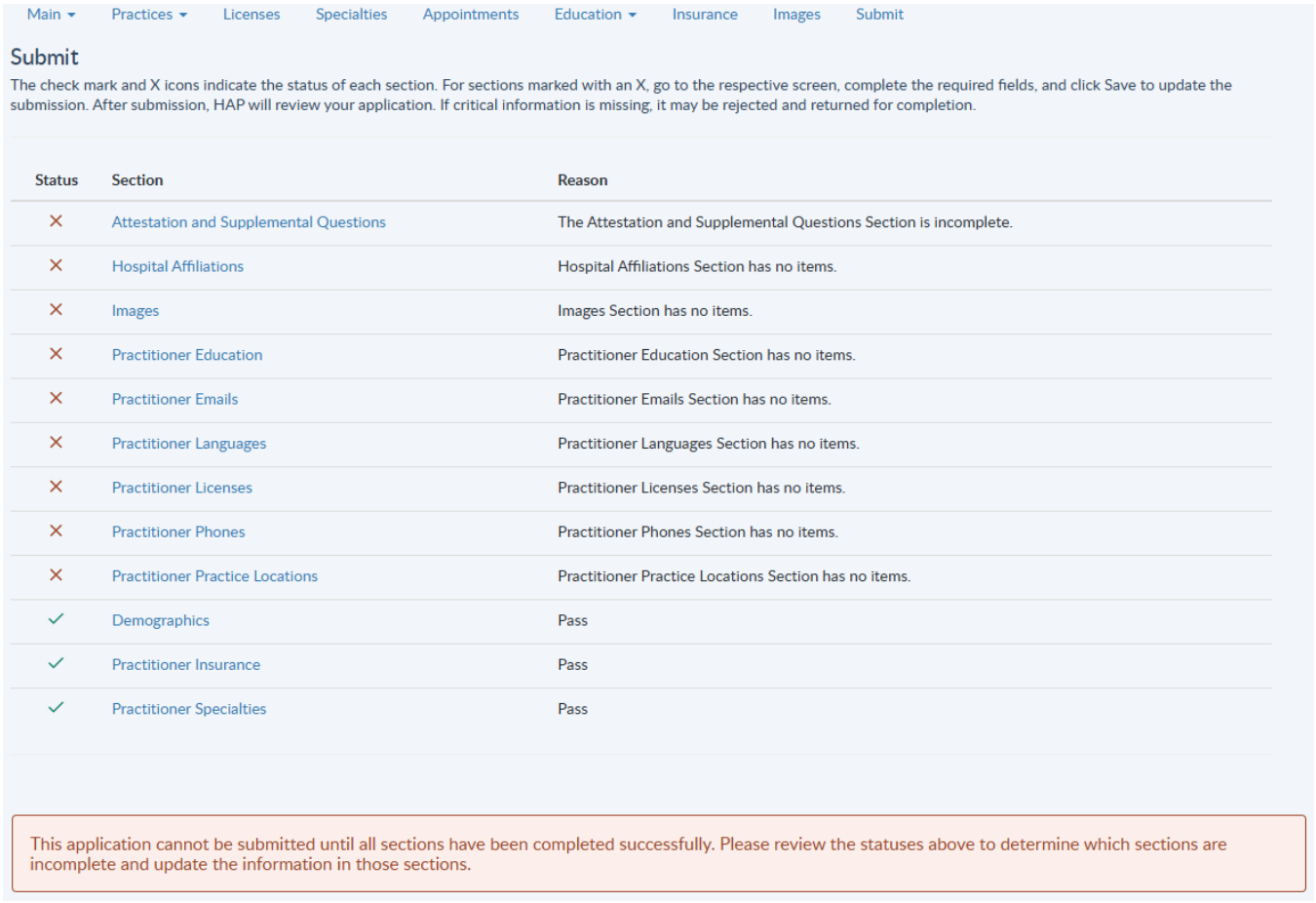
Field Name	Instructions
Document Type*	Select appropriate document.
File*	Select *Browse* and search for document on your computer. Double click on your file or select open to upload it. Tip: Use PDF files.

3. Repeat the steps above for each image you need to upload.
4. Select *Save*.
5. Select next tab, *Submit.*

Please see Appendix A for a list of required documents.

Submit

1. If you are missing information, you will get a screen like the example below. Items marked with an X under *Status* are incomplete. Please return to that section and complete the missing information.



2. Once all sections are completed and marked with a green check, select *Submit.*

3. E-sign the application.

4. Once your application is successfully submitted, you cannot make any changes.

5. We will email the contact person when the enrollment process has been completed.

Appendix A – Required Documents

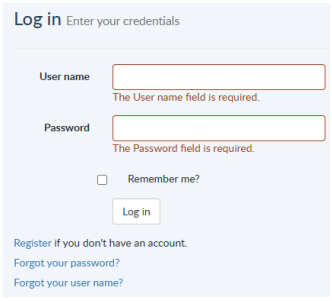
Below are the required documents that need to be submitted with your application. Documents highlighted in **blue** are available on **hap.org** to download and complete.

- W-9 (2018 or greater, signed and dated)
- **Health Alliance Plan Disclosure of Ownership and Control Interest Form**

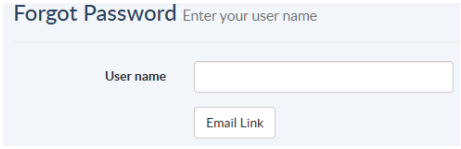
Appendix B – Username and Password Reset Help

Forgot Password

1. Go to the eApply home page. Select *Forgot your password*?

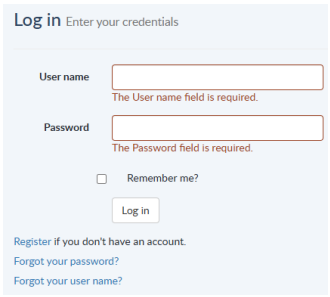


2. Enter the user name you used to register and select *Email link.*
3. We will email you a link to reset your password. **It will be sent to the email you used to register.**

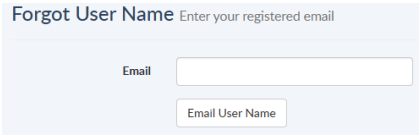


Forgot User name

1. Go to the eApply home page and select *Forgot your user name?*



2. Enter the email you used to register.*
3. We will email you a link to reset your user name. **It will be sent to the email you used to register.**



*If you forgot the email you used to register, please follow the guidelines below.

Still having trouble accessing eApply?

Please email providernetwork@hap.org and put “eApply Password Reset” and in the email include:

- The name associated with your application (Practitioner, Group, or Facility name).
- Provider NPI.
- The email address you used to register the provider, if available.
- Brief description of the issue.