



HEALTH RESOURCES AND SERVICES  
ADMINISTRATION  
PROVIDER RELIEF FUND REPORTING PORTAL  
USER GUIDE - REGISTRATION



USER GUIDE - REGISTRATION

---

***PROVIDER RELIEF FUND  
REPORTING PORTAL***

Date: January 15, 2021

## Table of Contents

<b>1</b>	<b>BACKGROUND INFORMATION, PURPOSE, AND GETTING STARTED.....</b>	<b>1</b>
1.1	Background Information .....	1
1.2	Purpose .....	1
1.3	Getting Started .....	1
<b>2</b>	<b>PRF REPORTING PORTAL HOME SCREEN.....</b>	<b>4</b>
2.1	How to Access .....	4
2.2	General Layout.....	4
2.3	How to Register.....	6
<b>3</b>	<b>REGISTRATION PROCESS .....</b>	<b>7</b>
3.1	Terms and Conditions .....	7
3.2	Step 1 – Provider Identity Information .....	8
3.3	Step 2 – Subsidiary Information.....	11
3.4	Step 3 – Subsidiary/Payment Information.....	13
3.5	Step 4 – Profile Submission.....	20

## Table of Figures

Figure 1	Return to Home Screen .....	2
Figure 2	Resources and Help Screen .....	3
Figure 3	PRF Reporting Portal Home Screen .....	5
Figure 4	Terms and Conditions Screen .....	7
Figure 5	Provider Identity Information Screen.....	9
Figure 6	Provider Identity Information - Required Field Error .....	100
Figure 7	Provider Identity Information - Duplicate Primary TIN Error.....	111
Figure 8	Provider Identity Information - Required Field Error .....	12
Figure 9	Subsidiary Information Questionnaire - Required Field Error.....	13
Figure 10	Payment Section with No Subsidiaries.....	14
Figure 11	Payment Section with Subsidiaries .....	15
Figure 12	Payment Section with No Subsidiaries - Required Field Error .....	17
Figure 13	Payment Section with Subsidiaries - Required Field Error .....	18
Figure 14	Incorrect Payment TIN .....	19
Figure 15	Incorrect Payment Information Error .....	20
Figure 16	Profile Submission Screen .....	222
Figure 17	Incorrect Information Screen .....	23
Figure 18	Non-Compliant Password .....	24
Figure 19	Successful Registration Screen .....	25



# 1 BACKGROUND INFORMATION, PURPOSE, AND GETTING STARTED

## 1.1 BACKGROUND INFORMATION

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Paycheck Protection Program (PPP) and Health Care Enhancement Act (P.L. 116-139), and the Consolidated Appropriations Act, 2021 (P.L. 116-260) appropriated funds to reimburse eligible healthcare providers for healthcare related expenses or lost revenues attributable to coronavirus. These funds were distributed by the Health Resources and Services Administration (HRSA) through the PRF program. Recipients of these funds agreed to Terms and Conditions, which require compliance with reporting requirements as specified by the Secretary of Health and Human Services in program instructions.

PRF recipients who received one or more payments exceeding \$10,000 in the aggregate are required to report on several required data elements as part of the post-payment reporting process.

## 1.2 PURPOSE

HRSA developed the PRF Reporting Portal to enable these PRF recipients (referred to as “provider(s)” throughout this document) to comply with reporting requirements. Providers must complete a two-step process in the PRF Reporting Portal (also referred to as “the portal” throughout this document) in order to submit their reports to HRSA. To complete the two-step process, providers must 1) register as users and 2) complete reporting on the use of funds. The purpose of the *PRF Reporting Portal User Guide – Registration* is to assist providers in the completion of the first step of the process. Providers will be notified when they should complete the second step of the process and report on the use of funds. As of January 15, 2021, this functionality is not available.

## 1.3 GETTING STARTED

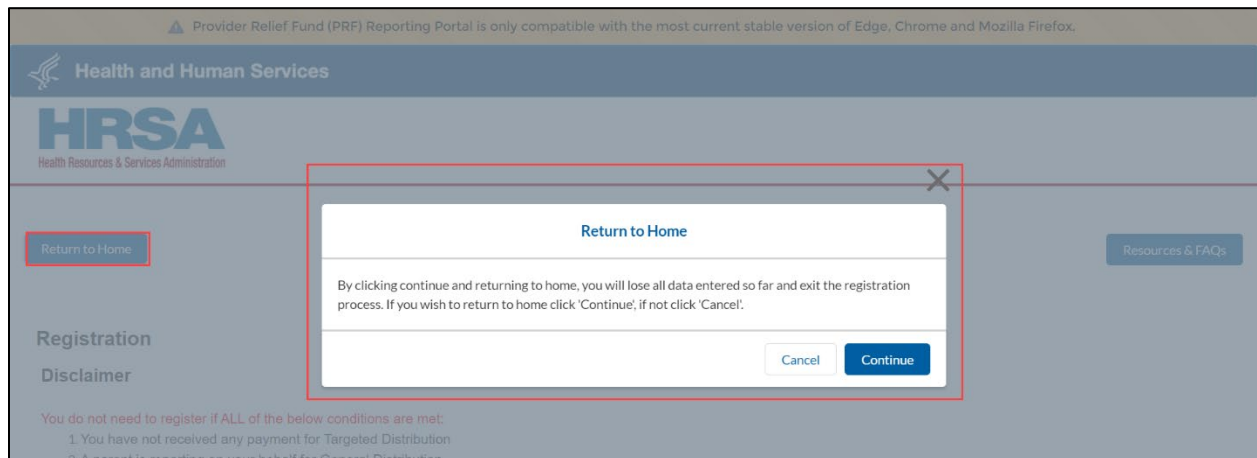
The PRF Reporting Portal is only compatible with the most current version of Edge, Chrome, and Mozilla Firefox.

Providers will need at least 20 minutes to complete the registration process. **The registration process must be completed in one session as it is not possible to save partial information.** Providers should ensure they have all of the information required to register available before they begin.

Information required to register:

- Tax ID number (TIN) (or other number submitted during the application process (e.g., Social Security Number (SSN), Employer Identification Number (EIN))
- Business name (as it appears on the W-9 of the reporting entity)
- Contact information (name, phone number, title<sup>1</sup>, email) of the person responsible for submitting the report
- Address (street, city, state, five-digit zip code) of the reporting entity as it appears on a W-9)
- TIN(s) of subsidiaries (if a provider is reporting on behalf of subsidiary(ies), a list delimited by commas, e.g., 123456789,987654321,135791357)
- Payment information (for any one of the payments received)
  - TIN of entity that received the payment
  - Payment amount
  - Mode of payment (check or direct deposit Automated Clearing House (ACH))
  - Check number or ACH settlement date

If at any point the provider would like to exit the PRF Reporting Portal, they can click on the ‘Return to Home’ button at the top left-hand corner of any of the registration screens. If this button is clicked, the provider will be prompted with a message informing them that all data entered so far will be lost and the provider will be redirected to the home screen. *Figure 1 Return to Home Screen* displays both the ‘Return to Home’ button and the pop-up message that confirms that the provider would like to return to home and lose all data previously entered.

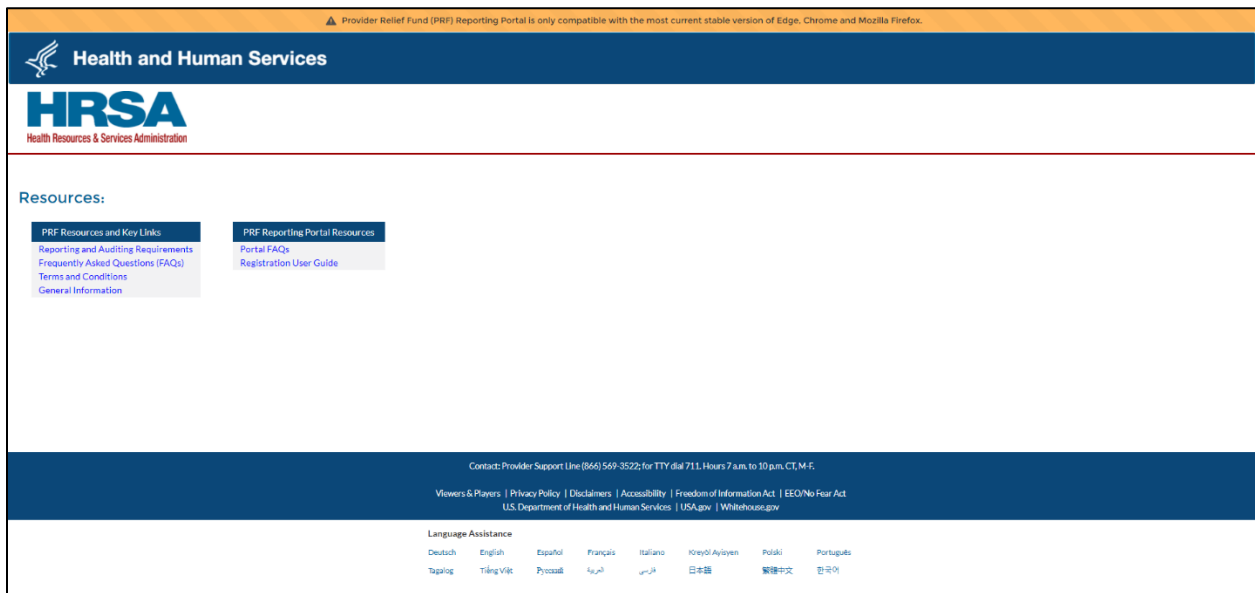


*Figure 1 Return to Home Screen*

Links to key PRF resources are available to providers on the home screen and within the portal. They may be accessed on the home screen before beginning registration or by clicking on the blue ‘Resources & FAQs’ button on the top right-hand corner of the screen within the portal. Clicking this button will open a new browser tab as shown in *Figure 2 Resources and Help*

<sup>1</sup> Not a required data field

*Screen.* This is to avoid exiting the registration process early and inadvertently losing data already entered.



*Figure 2 Resources and Help Screen*

In addition to this [user guide](#), providers should reference the following key PRF resources during the registration process:

- [PRF Frequently Asked Questions \(FAQs\)](#)
- [PRF Reporting Portal FAQs](#)
- [Reporting and Auditing Requirements](#)
- [Terms and Conditions](#)
- [PRF General Information](#)

Information entered by providers will not be saved until the registration is submitted successfully. **A provider’s session in the PRF Reporting Portal will timeout after 15 minutes of inactivity and information entered will be lost upon timeout.** At the end of the registration process, providers will receive an email from ‘PRFReporting-NoReply@hrsa.gov.’ Providers should add this email address to their safe list. Please note this mailbox is not monitored and should not be used to communicate with HRSA staff.

## **2 PRF REPORTING PORTAL HOME SCREEN**

On the PRF Reporting Portal home screen, providers may create an account, access key resources, and log in to submit a report on the use of funds.

### **2.1 HOW TO ACCESS**

The PRF Reporting Portal home screen can be accessed at <https://PRFReporting.hrsa.gov>.

### **2.2 GENERAL LAYOUT**

*Figure 3 PRF Reporting Portal Home Screen* is a screenshot of the PRF Reporting Portal Home Screen. Important elements have been marked and defined below.

⚠ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services



### Welcome to the Provider Relief Fund Reporting Portal

The Provider Relief Fund (PRF) Reporting Portal is to be used by providers who received one or more payments exceeding \$10,000 in aggregate. This is a part of the post-payment reporting process. Register and create an account to get started.

**1** Already a registered PRF Reporting Portal User?  
After completing registration, providers will be notified when they should re-enter the portal to report on the use of PRF funds. This functionality is not currently available.  
Username  
Password  
Log In

**2** First Time User? Click on 'Register' to create an account.  
Register

**3** Resources:  
PRF Resources and Key Links  
Reporting and Auditing Requirements  
Frequently Asked Questions (FAQs)  
Terms and Conditions  
General Information  
PRF Reporting Portal Resources  
Portal FAQs  
Registration User Guide

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.  
Viewers & Players | Privacy Policy | Disclaimers | Accessibility | Freedom of Information Act | EEO/No Fear Act  
U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov

Language Assistance  
Deutsch | English | Español | Français | Italiano | Kreyòl Ayisyen | Polski | Português  
Tagalog | Tiếng Việt | Pycckий | العربية | فارسی | 日本語 | 繁體中文 | 한국어

Figure 3 PRF Reporting Portal Home Screen

1. Providers that previously registered as PRF Reporting Portal users and are ready to complete the reporting process should enter their usernames and passwords created during the registration process in the fields under the ‘Already a registered PRF Reporting Portal User’ heading, Providers must then check the ‘I’m not a robot’ box that appears and click the ‘Log In’ button. (Note: As of January 15, 2021, this functionality is not available.)

2. PRF Reporting Portal user registration is the first step in the reporting process. To begin registration, providers should click the blue 'Register' button below the 'First Time User? Click on 'Register' to create an account.' heading.
3. Providers are able to access important PRF resources on the home screen. These resources can also be accessed using the blue 'Resources & FAQs' button (top right corner) available throughout the portal. Once providers have begun the registration process, they should not return to the home screen as they will lose all data entered.

## 2.3 HOW TO REGISTER

To begin registration, providers should navigate to the [PRF Reporting Portal](#), then click the blue 'Register' button below 'First Time User? Click on 'Register' to create an account.' This step is labeled as '2' in *Figure 3 PRF Reporting Portal Home Screen*. This action will take providers through the steps necessary to complete registration in the portal.

Providers should expect the registration process to take at least 20 minutes. **The registration process must be completed in one session as it is not possible to save partial information.** A detailed list of all required information necessary to complete the registration process can be found in Section [1.3 Getting Started](#). For step-by-step instructions of the registration process, providers should reference [Section 3 Registration Process](#).



### 3 REGISTRATION PROCESS

Registration is the first of a two-step process required for providers to report on the use of PRF payments. All providers must register as PRF Reporting Portal users before they can complete the reporting requirements. This section of the user manual describes the steps involved to complete the registration process after providers click the ‘Register’ button on the PRF Reporting Portal home screen.

#### 3.1 TERMS AND CONDITIONS

Terms and conditions related to the use of the PRF Reporting Portal are visible after providers click the ‘Register’ button on the home screen.

All providers must certify that they have read and accept the terms and conditions related to use of the portal before proceeding to the next step. To do this, providers should click on the radio button outlined in red in *Figure 4 Terms and Conditions Screen* and located to the left of the text ‘I have read and accept the terms and conditions.’ and then click the ‘Next’ button that will appear after the radio button is selected.

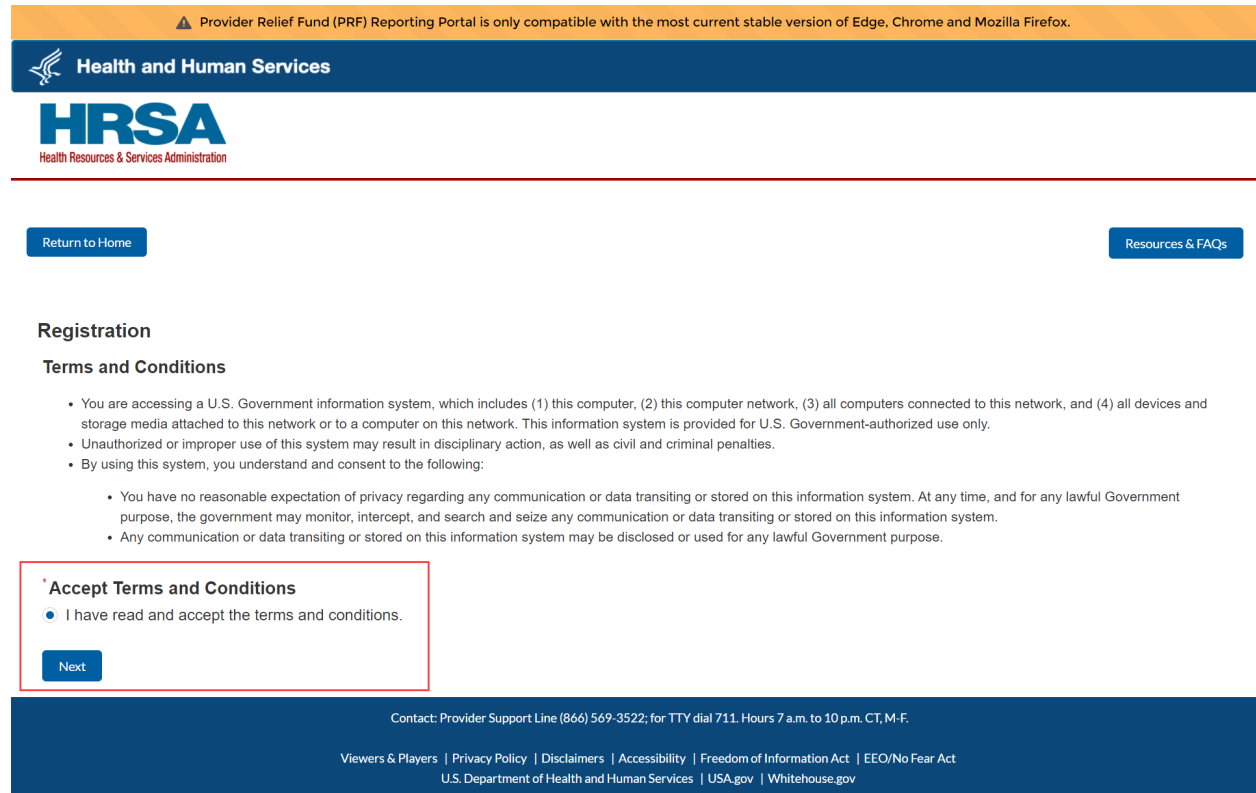


Figure 4 Terms and Conditions Screen

## 3.2 STEP 1 – PROVIDER IDENTITY INFORMATION

The first step of the registration process is shown in *Figure 5 Provider Identity Information Screen*. This step requires that providers share identifying information including the provider's TIN (or other number submitted during the application process (e.g., Social Security Number (SSN), Employer Identification Number (EIN)), contact information, and address (as it appears on a W-9). **It is very important to enter the TIN correctly as a provider will only be able to register a primary TIN one time.**

The contact email address must be a valid, monitored email address. The email address will be used to verify provider identity every time the provider logs into the PRF Reporting Portal. The email address associated with each PRF Reporting Portal account may also be used for any other communications that are necessary in the future, including but not limited to questions about the provider's registration, updates on the opening of the reporting portion of the portal, and questions about the provider's report on the use of funds. If one individual is responsible for registering and submitting reports for multiple entities, the same contact email address may be used. A confirmation email message will be sent to the email address reported on this page when registration is successfully completed.

The email address and username do not need to be the same, but they can be. The username must be in the form of an email address and the username created must be unique for each non-consolidated report being submitted, even if the contact email address is the same for each entity. Communications will be directed to the contact email address, not the username.

Providers should choose from a dropdown list in the 'State' field. The 'State' field defaults to 'Alabama' and must be corrected before the provider proceeds to the next screen.

Providers must enter all of the required information (marked by a red asterisk(\*)) and click 'Next' at the bottom of the screen. Providers should hover and click on the tooltip icon (i) to see additional details about data entry fields. For some data entry fields, providers are required to enter information in a particular format or style. For example, the phone number must consist of only 10 digits and no special characters, such as brackets and dashes ('(', ')', '-'); the username must be an email address and is not case sensitive; the zip code must be five digits. After providers have completed all of the required data entry fields without errors, they will be allowed to advance to the next screen.

Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

**HRSA**  
Health Resources & Services Administration

[Return to Home](#) [Resources & FAQs](#)

### Registration

Thank you for initiating the registration process for the PRF Reporting Portal. Before you can enter financial and other data to report the use of your PRF funds, you need to verify your organization and provide contact information for further communication related to reporting.

Information entered will not be saved until registration is successful. **Session will timeout after 15 minutes of inactivity and information will not be saved.**

Provider Identity Information    Subsidiary Information    Subsidiary/Payment Information    Profile Submission

#### Entity Tax Information

\* Tax ID Number (TIN)

\* Business Name (as it appears on W9)

#### Contact Information

\* First Name

\* Last Name

\* Phone Number

Title

\* Email

\* Username

#### Address (as it appears on a W9)

\* Street 1

Street 2

\* City

\* State

\* ZIP Code

[Next](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
U.S. Department of Health and Human Services | [USA.gov](#) | [Whitehouse.gov](#)

Language Assistance

Deutsch	English	Español	Français	Italiano	Kreyòl Ayisyen	Polski	Português
Tagalog	Tiếng Việt	Πρωσσικά	العربية	فارسی	日本語	繁體中文	한국어

Figure 5 Provider Identity Information Screen

If the provider has not completed a required field, an error message in red will appear below the required data entry fields as shown in *Figure 6 Provider Identity Information - Required Field Error*.

**The provider will not be able to proceed to the next screen until all required fields have been completed without errors.**

Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

**HRSA**  
Health Resources & Services Administration

[Return to Home](#) [Resources & FAQs](#)

### Registration

Thank you for initiating the registration process for the PRF Reporting Portal. Before you can enter financial and other data to report the use of your PRF funds, you need to verify your organization and provide contact information for further communication related to reporting.  
Information entered will not be saved until registration is successful. **Session will timeout after 15 minutes of inactivity and information will not be saved.**

Provider Identity Information    Subsidiary Information    Subsidiary/Payment Information    Profile Submission

#### Entity Tax Information

\* Tax ID Number (TIN)   
Please enter some valid input. Input is not optional.

\* Business Name (as it appears on W9)   
Please enter some valid input. Input is not optional.

#### Contact Information

\* First Name   
Please enter some valid input. Input is not optional.

\* Last Name   
Please enter some valid input. Input is not optional.

\* Phone Number   
Please enter some valid input. Input is not optional.

Title

\* Email   
Please enter some valid input. Input is not optional.

\* Username   
Please enter some valid input. Input is not optional.

#### Address (as it appears on a W9)

\* Street 1   
Please enter some valid input. Input is not optional.

Street 2

\* City   
Please enter some valid input. Input is not optional.

\* State

\* ZIP Code   
Please enter some valid input. Input is not optional.

[Next](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M.F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov

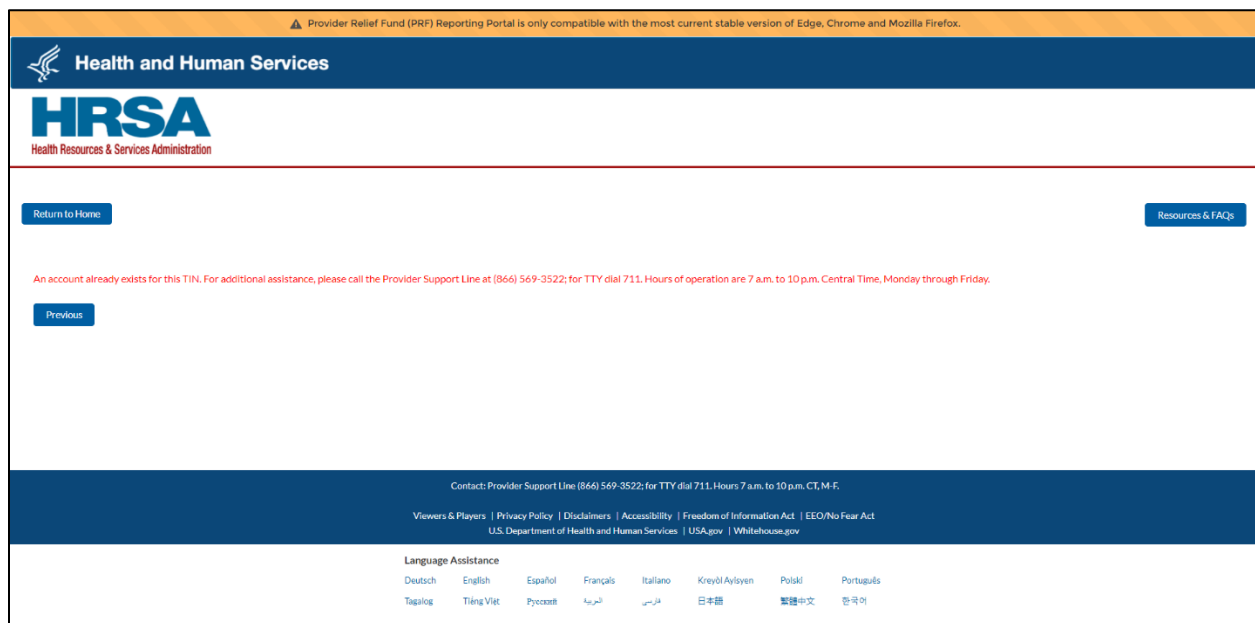
Language Assistance

Deutsch	English	Español	Français	Italiano	Kreyòl Ayisyen	Polski	Português
Tagalog	Tiếng Việt	Πρωσσικά	العربية	فارسی	日本語	繁體中文	한국어

Figure 6 Provider Identity Information - Required Field Error

If a provider enters a TIN that has already been registered and tries to proceed to the next step of Registration, they will be directed to a screen with an error message as shown in *Figure 7 Provider Identity Information - Duplicate Primary TIN Error*. If the portal shows this error and the provider has not registered this TIN before, the provider should either click the ‘Previous’

button and correct the TIN or call the Provider Support Line for assistance if they think the TIN they entered is correct.



*Figure 7 Provider Identity Information - Duplicate Primary TIN Error*

### 3.3 STEP 2 – SUBSIDIARY INFORMATION

After completing the Provider Identity Information screen, the provider is taken to the Subsidiary Information screen as shown below in *Figure 8 Provider Identity Information - Required Field Error*. Here, the provider will be required to provide a ‘Yes’ or ‘No’ response to ‘Will you report on behalf of subsidiaries that received a General Distribution payment?’ as shown in the image. It is very important that providers answer this question correctly, as the answer to this question will affect the data entry on the following screen. Providers should click on the tooltip to see the help text. If providers respond ‘Yes’ to this question, they will be required to enter all of the subsidiary TINs on whose behalf they will be reporting on the next screen.

▲ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

**HRSA**  
Health Resources & Services Administration

[Return to Home](#) [Resources & FAQs](#)

### Registration

Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.

✓
Subsidiary Information
Subsidiary/Payment Information
Profile Submission

#### Subsidiary Information

Refer [here](#) for more information on General Distribution

\* Will you report on behalf of subsidiaries that received a General Distribution payment? ⓘ

--None--

[Previous](#) [Next](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
 U.S. Department of Health and Human Services | [USA.gov](#) | [Whitehouse.gov](#)

Language Assistance

Deutsch	English	Español	Français	Italiano	Kreyòl Ayisyen	Polski	Português
Tagalog	Tiếng Việt	Русский	العربية	فارسی	日本語	繁體中文	한국어

Figure 8 Provider Identity Information - Required Field Error

If the provider does not respond to the question, the provider will be directed to the error message page as shown in *Figure 9 Subsidiary Information Questionnaire - Required Field Error*. The provider should click the ‘Previous’ button to go back and respond to the question as either ‘Yes’ or ‘No’ and click the ‘Next’ button to continue registration.

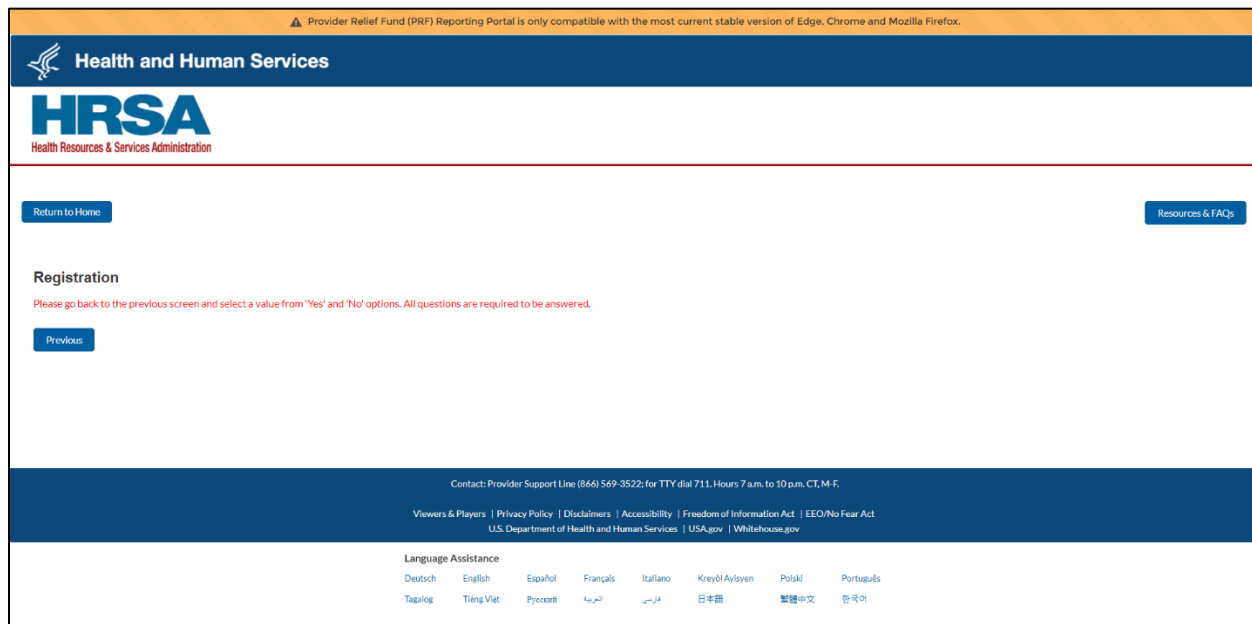


Figure 9 Subsidiary Information Questionnaire - Required Field Error

### 3.4 STEP 3 – SUBSIDIARY/PAYMENT INFORMATION

After completing the Subsidiary Information screen, the provider is taken to the Subsidiary/Payment Information screen. Providers will be presented with a screen based upon the responses in [Step 2 – Subsidiary Information](#).

A disclaimer is presented at the top of the screen to remind providers that they do not need to register and should click ‘Return to Home’ to exit the portal if they meet ALL of the conditions described.

Providers that respond ‘No’ to ‘Will you report on behalf of subsidiaries that received a General Distribution payment?’ on the previous screen will be prompted to complete payment information as shown in [Figure 10 Payment Section with No Subsidiaries](#). Providers must enter all data fields accurately. If any of the payment information entered is incorrect, a provider will not be able to proceed to the next step in the registration process.

Providers that respond ‘Yes’ to ‘Will you report on behalf of subsidiaries that received a General Distribution payment?’ on the previous screen will be prompted to complete a subsidiary TIN(s) field and payment information as shown in [Figure 11 Payment Section with Subsidiaries](#).

**Providers must provide a comma-delimited list of all subsidiary TINs on whose behalf they intend to report for one or more payments (e.g.,123456789,987654321,135791357).** The subsidiary TIN information will not be validated upon submission, so it is important that providers enter this information accurately. Providers will be able to review and validate all the subsidiary TINs as part of the PRF Reporting Portal when available. Providers must enter the payment information for any one of the payments they may have received for their entity or their subsidiaries accurately. If any of the payment information entered is incorrect, a provider will not be able to proceed to the next step in the registration process.

⚠ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services



Return to Home

Resources & FAQs

### Registration

Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.



Payment Information (for any of the payments received) - This is used for identity verification only.

\* TIN of the Entity that Received the Payment ⓘ

\* Mode of Payment  
Direct Deposit ACH ▾

\* Settlement Date (ACH) ⓘ  
 📅

\* Payment Amount ⓘ

Previous Next

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
U.S. Department of Health and Human Services | [USA.gov](#) | [Whitehouse.gov](#)

#### Language Assistance

Deutsch English Español Français Italiano Kreyòl Ayisyen Polski Português  
Tagalog Tiếng Việt Пуссафф العربية فارسي 日本語 繁體中文 한국어

Figure 10 Payment Section with No Subsidiaries



⚠ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services



Return to Home

Resources & FAQs

### Registration

Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.



\* TIN(s) of Subsidiaries ⓘ

Payment Information (for any of the payments received) - This is used for identity verification only.

\* TIN of the Entity that Received the Payment ⓘ

\* Mode of Payment

\* Settlement Date (ACH) ⓘ

\* Payment Amount ⓘ

Previous

Next

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
U.S. Department of Health and Human Services | [USA.gov](#) | [Whitehouse.gov](#)

#### Language Assistance

Deutsch | English | Español | Français | Italiano | Kreyòl Ayisyen | Polski | Português  
Tagalog | Tiếng Việt | Русский | العربية | ڤارسی | 日本語 | 繁體中文 | 한국어

Figure 11 Payment Section with Subsidiaries

If a provider clicks ‘Next’ without providing information in a required field, an error message in **red** will appear below the required data entry fields as shown in *Figure 12 Payment Section with No Subsidiaries - Required Field Error* and *Figure 13 Payment Section with Subsidiaries - Required Field Error*. Providers will not be able to proceed to the next screen until all required fields have been completed.

In the payment information screen, providers should enter information for any one of the payments made to their TIN or any of the subsidiary TIN(s) on whose behalf they are reporting. The payment information submitted with the registration is only used for identity verification purposes. Providers must choose a ‘Mode of Payment’ (‘Direct Deposit ACH’ or ‘Check’) from a drop-down box. If ‘Direct Deposit ACH’ is selected, a ‘Settlement Date (ACH)’ is required. The settlement date (ACH) is the date the PRF payments were electronically deposited into the provider’s bank account. This date usually excludes weekends and federal holidays. The date must be formatted as MMM D, YYYY (e.g., Sep 1, 2020). Providers may alternatively select the calendar icon in the data entry field and click on the accurate date in the calendar. If ‘Check’ is selected as the ‘Mode of Payment’, a ‘Check Number’ data entry field will become visible and the provider must complete this data entry field accurately. Again, providers must enter all payment information accurately. **If any of the payment information entered is incorrect, a provider will not be able to proceed to the next step in the registration process.**

⚠ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.



Health and Human Services



[Return to Home](#)

[Resources & FAQs](#)

### Registration

Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.



Payment Information (for any of the payments received) - This is used for identity verification only.

\* TIN of the Entity that Received the Payment ⓘ

Please enter some valid input. Input is not optional.

\* Mode of Payment  
Direct Deposit ACH ▾

\* Settlement Date (ACH) ⓘ

Please enter some valid input. Input is not optional.

\* Payment Amount ⓘ

Please enter some valid input. Input is not optional.

[Previous](#)

[Next](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
[U.S. Department of Health and Human Services](#) | [USA.gov](#) | [Whitehouse.gov](#)

#### Language Assistance

Deutsch English Español Français Italiano Kreyòl Ayisyen Polski Português  
Tagalog Tiếng Việt Pyccckий العربية فارسی 日本語 繁體中文 한국어

Figure 12 Payment Section with No Subsidiaries - Required Field Error

▲ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

Return to Home Resources & FAQs

### Registration

Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.

Progress bar: [Step 1] [Step 2] [Step 3: Subsidiary/Payment Information] [Step 4: Profile Submission]

\* TIN(s) of Subsidiaries ⓘ

Please enter some valid input. Input is not optional.

Payment Information (for any of the payments received) - This is used for identity verification only.

\* TIN of the Entity that Received the Payment ⓘ

Please enter some valid input. Input is not optional.

\* Mode of Payment

Direct Deposit ACH

\* Settlement Date (ACH) ⓘ

Please enter some valid input. Input is not optional.

\* Payment Amount ⓘ

Please enter some valid input. Input is not optional.

Previous Next

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

Viewers & Players | Privacy Policy | Disclaimers | Accessibility | Freedom of Information Act | EEO/No Fear Act  
U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov

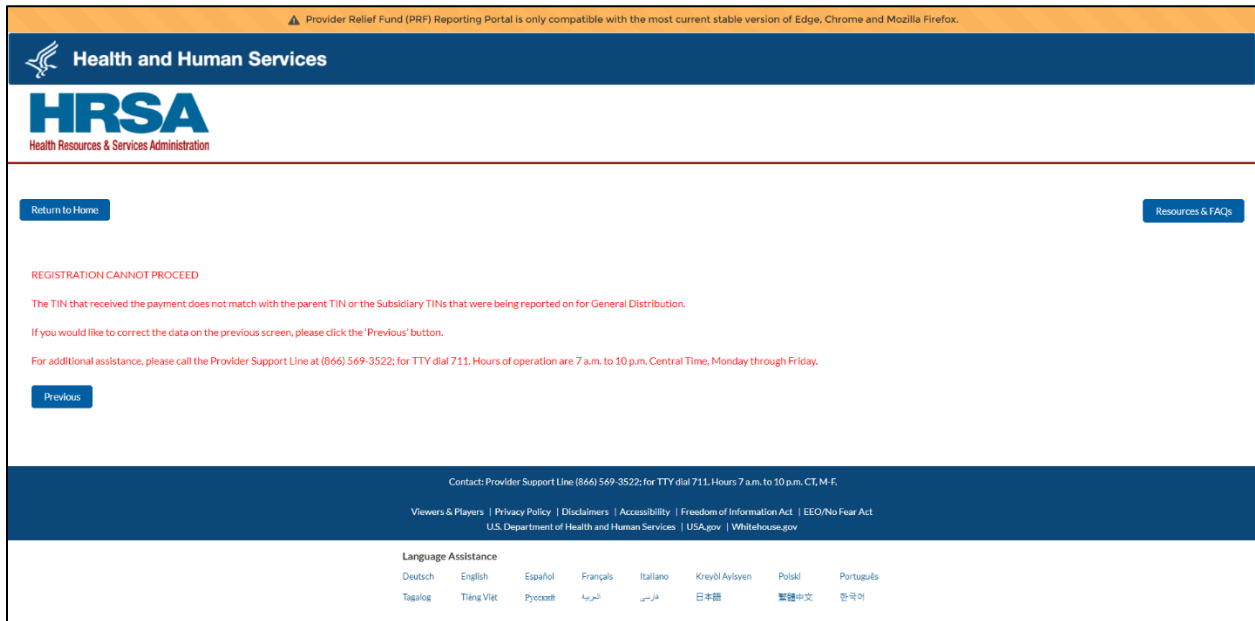
Language Assistance

Deutsch	English	Español	Français	Italiano	Kreyòl Ayisyen	Polski	Português
Tagalog	Tiếng Việt	Русский	العربية	فارسی	日本語	繁體中文	한국어

Figure 13 Payment Section with Subsidiaries - Required Field Error

If a provider does not enter payment information for the TIN provided in [Step 1- Provider Identity Information](#) or one of the Subsidiary TINs provided in the ‘TIN(s) of Subsidiaries’ data entry field in [Step 3 – Subsidiary/Payment Information](#), and clicks ‘Next’, an error message will appear as shown in [Figure 14 Incorrect Payment TIN](#). If a provider receives this error message,

they should click the ‘Previous’ button and ensure they are entering payment information associated with one of the already reported TINs.



*Figure 14 Incorrect Payment TIN*

If the provider does not enter accurate payment information or the payment information is not able to be validated, an error message will appear as shown in *Figure 15 Incorrect Payment Information Error*. The provider should click the ‘Previous’ button to go back to Step 3 and ensure that all information was entered correctly. If the payment entered was made within the last five business days, the portal may not be able to validate the payment. Providers should use alternate payment information if available or return five business days after the payment date to register.

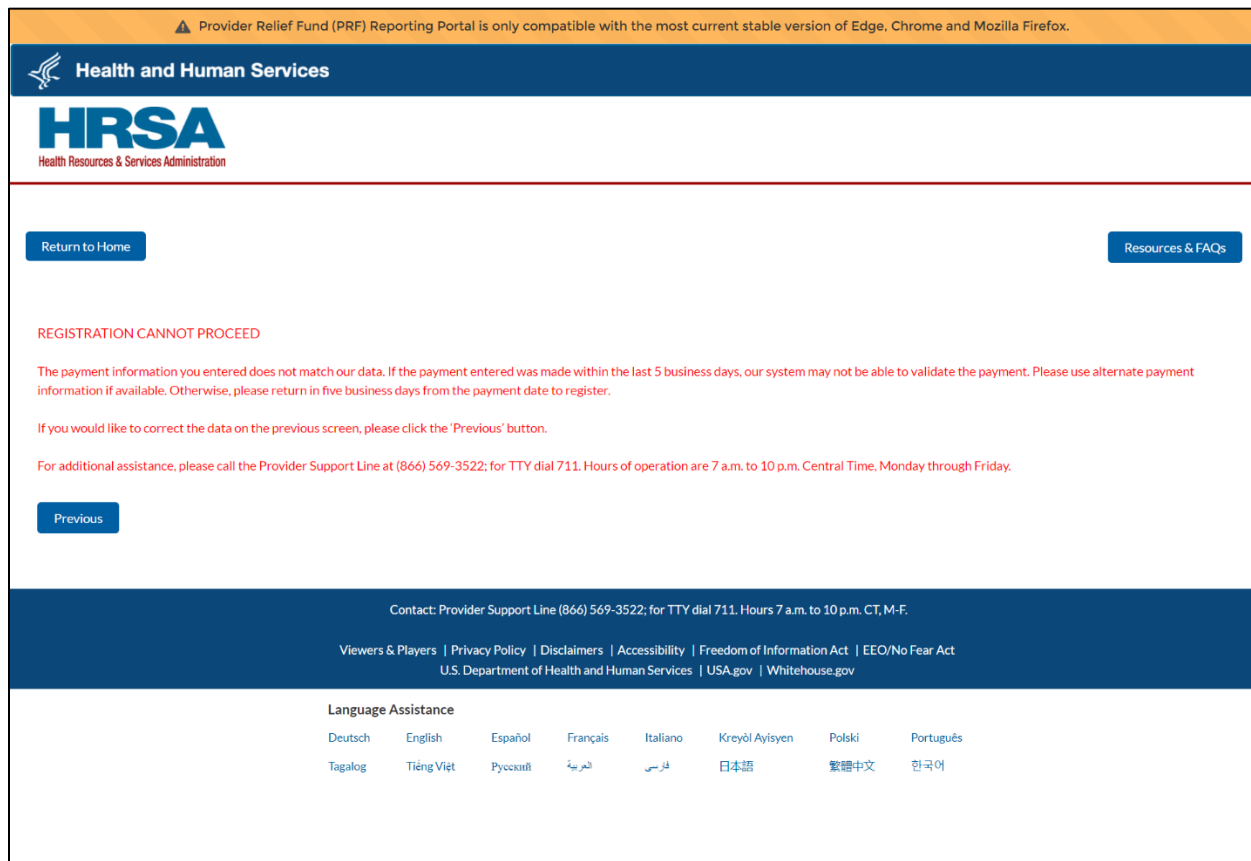


Figure 15 Incorrect Payment Information Error

### 3.5 STEP 4 – PROFILE SUBMISSION

Providers that successfully complete [Step 3 - Subsidiary/Payment Information](#), will be directed to the final registration screen as shown in [Figure 16 Profile Submission Screen](#). At this time, providers will be able to review all of the data entered throughout the registration process for accuracy.

Once a provider has reviewed the summary data, they must respond to the question at the bottom of the screen ‘Do you certify that the above information is accurate to the best of your knowledge?’ by using the drop-down menu.

If a provider certifies that the data is accurate by selecting ‘Yes,’ a new section will appear below the certification that directs the provider to ‘Create a Username and Password.’ The username will be prepopulated with the username selected in [Step 1 – Provider Identity Information](#). The only way to change the username is to go back to [Step 1 – Provider Identity Information](#). Providers must select a password that complies with the password policy indicated in [Figure 16 Profile Submission Screen](#).

Passwords must

- Be a minimum length of eight (8) characters.

- Contain at least three of four-character types: Uppercase, Lowercase, Numbers, or Special Characters.
- Not be the same as the username or any part of the contact name provided in Step 1.
- Not contain any variation of the word 'Password'

Providers should print the information on this page from the browser and save it in a secure location. Providers must click the 'Submit' button before exiting the portal.

Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

**HRSA**  
Health Resources & Services Administration

[Return to Home](#) [Resources & FAQs](#)

**Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your registration.**  
Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.

Progress bar: [ ] [ ] [ ] [ ] Profile Submission

Your previous answers have been pre-populated below. Please verify.

**Entity Tax Information**  
Tax ID Number (TIN): 123456788  
Business Name (as appears on W9): Test

**Contact Information**  
Name: Katie Van Laeke  
Phone Number: 7702655477  
Title:  
Email: katievanlaeke@gmail.com

**Address (as it appears on W9)**  
4101 Alley Court,  
Peachtree Corners, Georgia, 30092

**Subsidiary Information**  
Will you report on behalf of subsidiaries that received a General Distribution payment?: Yes  
TIN(s) of Subsidiaries: 909090909

**Payment Information (for any of the payments received)**  
TIN of the Entity that Received Payment: 909090909  
Mode of Payment: Check  
Check Number: 1212  
Payment Amount: \$789,789.00

\*Do you certify that the above information is accurate to the best of your knowledge?  
Yes

**Create a Username and Password**

\*Username  
kvanlaeke@deloitte.com

Password Policy  
 • Password must be of a minimum length of eight (8) characters.  
 • Password must contain at least three of these four character types: Upper case, Lower case, Numbers, or Special Characters.  
 • Use a "pass phrase" to help you create a complex password.  
 • Do not use your username or any part of your full name.  
 • Do not reuse your last six (6) passwords.  
 • Password must not contain the word "password".

\*Password  
[ ]

\*Confirm Password  
[ ]

[Submit](#)

[Previous](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 30 p.m. CT, M-F.

[Viewers & Players](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Freedom of Information Act](#) | [EEO/No Fear Act](#)  
U.S. Department of Health and Human Services | [USA.gov](#) | [Whitehouse.gov](#)

Language Assistance  
 Deutsch | English | Español | Français | Italiano | Kreyòl Ayisyen | Polski | Português  
 Tagalog | Tiếng Việt | Pycckий | العربية | العربية | 日本語 | 中文 | 한국어

Figure 16 Profile Submission Screen

If a provider certifies that the data is not accurate by selecting ‘No’ to the question ‘Do you certify that the above information is accurate to the best of your knowledge?’, an error message will appear in red, as shown in *Figure 17 Incorrect Information Screen*, and the provider must



use the ‘Previous’ button to go back to correct the inaccurate data. Data entered to date will not be lost unless the provider returns to the home screen of the PRF Reporting Portal. The provider must certify to the accuracy of the information entered in order to successfully complete registration.

⚠ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

Return to Home
Resources & FAQs

Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your registration.

Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.

✓
✓
✓
Profile Submission

Your previous answers have been pre-populated below. Please verify.

**Entity Tax Information**

Tax ID Number (TIN): 567890123

Business Name (as appears on W9): Test

**Contact Information**

Name: Katie Van Laeke

Phone Number: 7702655477

Title:

Email: katievanlaeke@gmail.com

**Address (as it appears on W9)**

4181 Alley Court,  
Peachtree Corners, Georgia, 30092

**Subsidiary Information**

Will you report on behalf of subsidiaries that received a General Distribution payment?: Yes

TIN(s) of Subsidiaries: 676122155

**Payment Information (for any of the payments received)**

TIN of the Entity that Received Payment: 676122155

Mode of Payment: Check

Check Number: 8011

Payment Amount: \$278,638.59

**\*Do you certify that the above information is accurate to the best of your knowledge?**

No

Please click on the Previous button at the bottom of the screen to go back to correct the inaccurate data.

Previous

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

Viewers & Players | Privacy Policy | Disclaimers | Accessibility | Freedom of Information Act | EEO/No Fear Act  
U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov

**Language Assistance**

Deutsch	English	Español	Français	Italiano	Kreyòl Ayisyen	Polski	Português
Tagalog	Tiếng Việt	Πρωκσπιτ	العربية	فارسی	日本語	繁體中文	한국어

Figure 17 Incorrect Information Screen

If a provider does not provide a compliant password, an error message will appear, as outlined in red in *Figure 18 Non-Compliant Password*.

Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.

Health and Human Services

**HRSA**  
Health Resources & Services Administration

[Return to Home](#) [Resources & FAQs](#)

Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your registration.  
Information entered will not be saved until registration is successful. Session will timeout after 15 minutes of inactivity and information will not be saved.

Profile Submission

Your previous answers have been pre-populated below. Please verify.

**Entity Tax Information**  
Tax ID Number (TIN): 123456788  
Business Name (as appears on W9): Test

**Contact Information**  
Name: Katie Van Laeke  
Phone Number: 7702655477  
Title:  
Email: katievanlaeke@gmail.com

**Address (as it appears on W9)**  
4381 Atley Court,  
Peachtree Corners, Georgia, 30092

**Subsidiary Information**  
Will you report on behalf of subsidiaries that received a General Distribution payment?: Yes  
TIN(s) of Subsidiaries: 909090909

**Payment Information (for any of the payments received)**  
TIN of the Entity that Received Payment: 909090909  
Mode of Payment: Check  
Check Number: 1212  
Payment Amount: \$789,789.00

\*Do you certify that the above information is accurate to the best of your knowledge?  
Yes

**Create a Username and Password**  
\*Username  
kvanlaeke@deloitte.com

**Password Policy**

- Password must be of a minimum length of eight (8) characters.
- Password must contain at least three of these four character types: Uppercase, Lowercase, Numbers, or Special Characters.
- Use a "pass phrase" to help you create a complex password.
- Do not use your username or any part of your full name.
- Do not reuse your last six (6) passwords.
- Password must not contain the word "password".

\*Password  
\*\*\*\*

\*Confirm Password  
\*\*\*\*  
**Please enter a Password that complies with Password Policy.**

[Previous](#) [Submit](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.  
Viewers & Players | Privacy Policy | Disclaimers | Accessibility | Freedom of Information Act | EEO/No Fear Act  
U.S. Department of Health and Human Services | USA.gov | Whitehouse.gov

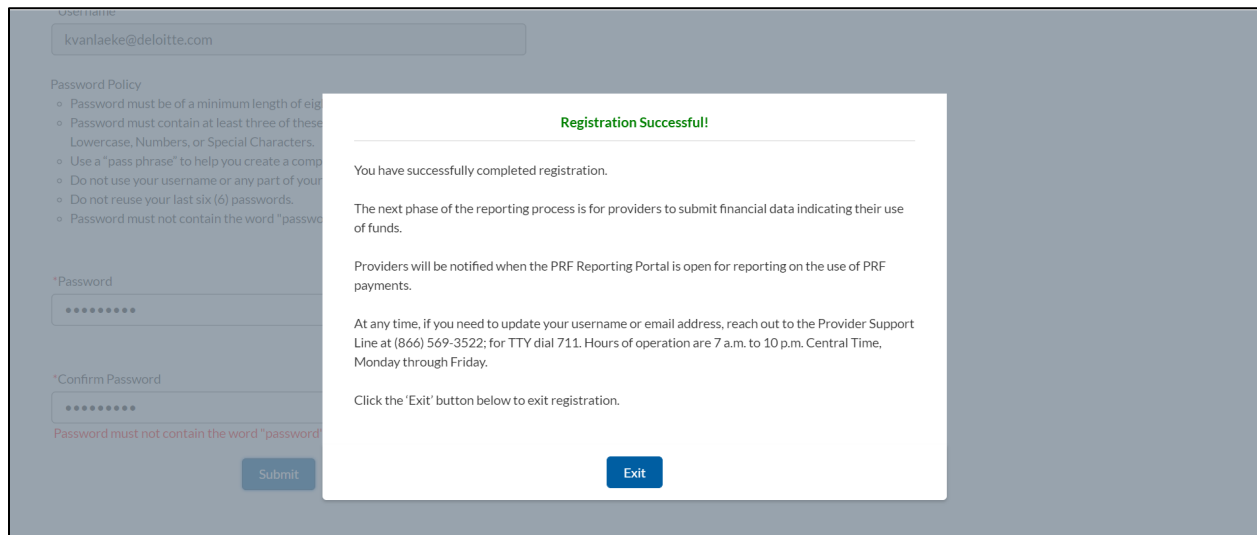
**Language Assistance**

Deutsch	English	Español	Français	Italiano	Kreyòl Ayisyen	Polski	Português
Tagalog	Tiếng Việt	Πρωσικά	العربية	العربية	日本語	繁體中文	한국어

Figure 18 Non-Compliant Password

Registration is complete after a provider certifies the accuracy of the information and enters a password that passes the validation and clicks the ‘Submit’ button. Providers that successfully

register will see a pop-up message with the words ‘Registration Successful!’ as shown in *Figure 19 Successful Registration Screen*. Providers that do not see this message may have blocked popups on their computers. Providers that register successfully will also receive an email from ‘PRFReporting-NoReply@hrsa.gov’ confirming the registration. Providers should make sure to check their junk mail folder or spam folder if they do not receive the message. The email address ‘PRFReporting-NoReply@hrsa.gov’ should also be added to the email safe list. Please note that this mailbox is not monitored and should not be used to communicate with HRSA staff.



*Figure 19 Successful Registration Screen*

Once registration is completed for a primary TIN, the provider will not be able to re-access the registration data and make changes in the PRF Reporting Portal until the portal is open for reporting.

A provider must keep the email address associated with their account up to date because it will be used to communicate with the provider. The email address will also be used for security purposes to verify the provider’s identity every time the provider logs into the PRF Reporting Portal.

Providers responsible for submission of reports for multiple entity organizations that are not reporting on a consolidated basis must create a new PRF Reporting Portal account for each of the entity organizations for which they are reporting.