



## QuitlineNC eReferral Portal

<https://wellbeingenroll.net/ProviderReferral/northcarolina>

Providers and Employers have a new way to enroll tobacco users in QuitlineNC

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### To start sending referrals using the online portal

Search for the referring entity by either the Name, Fax Number, or Phone Number in the search field, or click **"Browse All"**.

Start a Referral

The Quit For Life provides tobacco cessation services at no charge to your Patients.

To refer a Patient, search for your Clinic/Facility by name, phone number or fax number:

Enter keyword(s)

-- OR --

[Browse All](#)

Once the correct **"Clinic Name"** is found, **click on it**.

Add a Clinic/Facility'. There are three search results listed: 'Abdominal Organ Transplant- Wake Forest Baptist Health' with phone number 336-713-5660 and fax number 336-713-5677; 'Adult Integrated Continuum (AIC) Medication Clinic' with phone number 704-444-2322 and fax number 704-444-2372; and 'Adult Primary Care-Johnston County Health Department' with phone number 919-889-5200 and fax number 919-889-5279. A red arrow points from the text 'click on it' to the first search result."/>

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[Browse All](#)

Search Results

Select your Clinic/Facility from the list below. Can't find it? [Add a Clinic/Facility](#)

[Abdominal Organ Transplant- Wake Forest Baptist Health](#)  
Phone: 336-713-5660 Fax: 336-713-5677

[Adult Integrated Continuum \(AIC\) Medication Clinic](#)  
Phone: 704-444-2322 Fax: 704-444-2372

[Adult Primary Care-Johnston County Health Department](#)  
Phone: 919-889-5200 Fax: 919-889-5279

**Reminder:** If the desired Clinic Name is not found, contact Mariam Ali at [mariam.ali@dhhs.nc.gov](mailto:mariam.ali@dhhs.nc.gov) and Joyce Swetlick at [joyce.swetlick@dhhs.nc.gov](mailto:joyce.swetlick@dhhs.nc.gov) \*

\*Mariam Ali will be out until August 15, 2021 so include Joyce Swetlick until then.

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## Confirm Clinic/Facility Information

On this page confirm the clinic/facility information is correct, indicate if it is a HIPAA covered entity, and **click “Next”**.

**Confirm Clinic/Facility Information**

Name  
Abdominal Organ Transplant- Wake Forest Bc

Phone Number  
336-713-5660

Fax Number  
336-713-5677

County of Clinic/Facility  
Forsyth

☒ I certify I am HIPAA covered entity.

Back Next

## Patient Information

First Name of Person Making Referral\*

Last Name of Person Making Referral\*

Email Address of Person Making Referral

Patient First Name\*

Patient Last Name\*

Patient Date of Birth\*

Patient State of Residence\*

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## Complete the Patient Information fields

- Lastly, complete the Patient Information fields and **click “SUBMIT”**.
- Upon submission, QuitlineNC will reach out to the tobacco user to offer enrollment within 48 hours.
- As with fax referrals, HIPAA covered entities will receive an outcome report detailing the participant’s enrollment status. *This will be provided through secured email. If person making referral does not include email address, the report will be sent to the Fax number on file.*