



# QuitlineNC eReferral Portal

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

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

## 1 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”**.

The screenshot shows the 'Start a Referral' page. At the top, there is a logo and the title 'Start a Referral'. Below the title, a paragraph states: 'The Quit For Life provides tobacco cessation services at no charge to your Patients.' Underneath, there is a search instruction: 'To refer a Patient, search for your Clinic/Facility by name, phone number or fax number:'. This is followed by a search input field with the placeholder text 'Enter keyword(s)' and a magnifying glass icon. Below the input field is the text '-- OR --' and a blue button labeled 'Browse All'. A red arrow points from the 'Browse All' button in the text above to the 'Browse All' button in this screenshot.

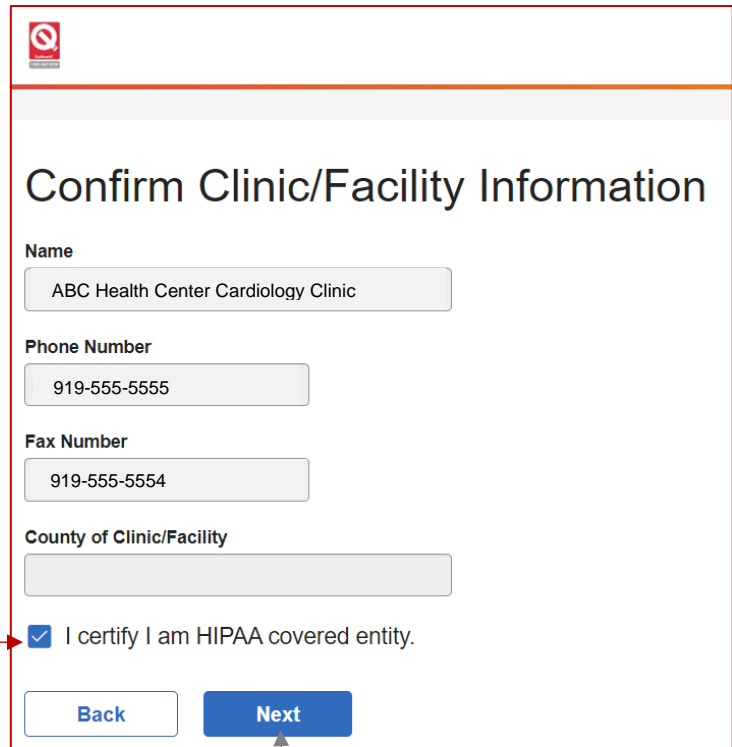
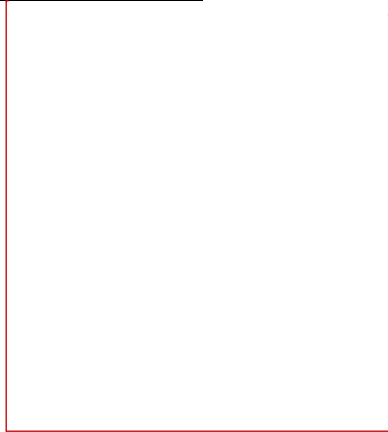
Once the correct **“Clinic Name”** is found, **click on it.**

This screenshot shows the 'Start a Referral' page with search results. The search field and 'Browse All' button are visible at the top. Below them, the 'Search Results' section is displayed. It includes the text 'Select your Clinic/Facility from the list below. Can't find it? [Add a Clinic/Facility](#)'. The first result is 'ABC Health Center Cardiology Clinic' with the phone number '919-555-5555' and fax number '919-555-5554'. Below this, there are two more results: 'ABC Health Center Medication Clinic' (Phone: 703-555-5555, Fax: 703-555-5554) and 'ABC County Health Department' (Phone: 828-555-5555, Fax: 828-555-5554). A red arrow points from the text above to the first search result.

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

## 2 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  
ABC Health Center Cardiology Clinic

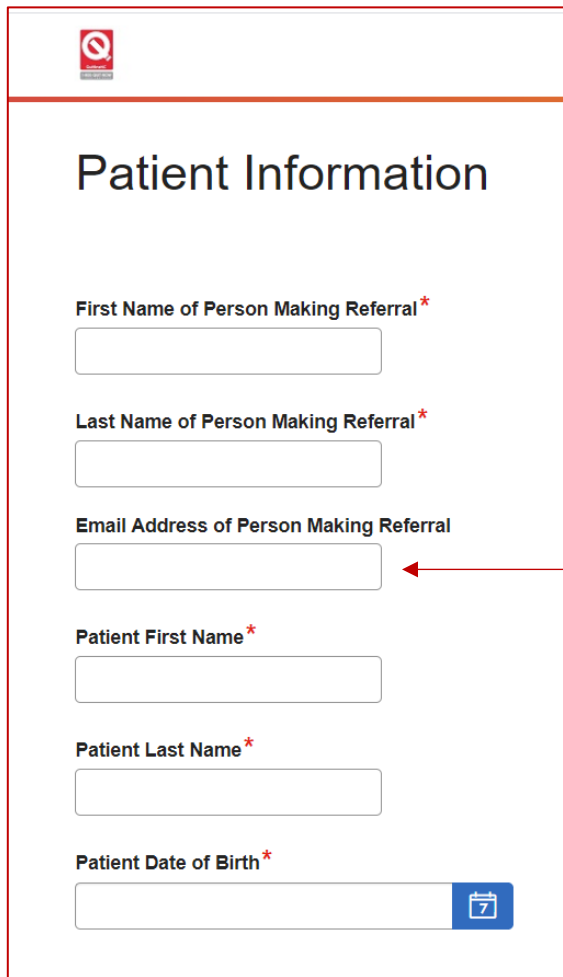
Phone Number  
919-555-5555

Fax Number  
919-555-5554

County of Clinic/Facility

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\*

## 3 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.*