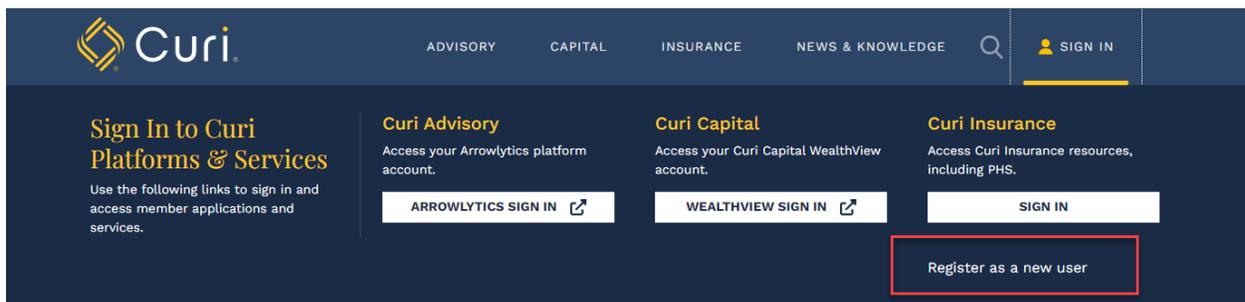# How to Register for a Curi Login

Start by going to www.curi.com and click on the Sign In Icon located on the top right-hand side of the navigation bar.

Next, click on "Register as a new user".

Click on the appropriate navigation bar based on your role within the practice and complete the form provided.

Registration

Welcome to the Curi registration page.

PROVIDERS

If you are a provider insured by Curi - a Medical Mutual Company, register here. Providers who also serve as their practice administrator, register here as well.

PROVIDERS REGISTER HERE

ADMINISTRATORS

If you are an administrator or authorized representative of a practice insured by Curi - A Medical Mutual Company, register here.

ADMINISTRATORS REGISTER HERE

AUTHORIZED STAFF

If you are an authorized staff member of a practice insured by Curi - a Medical Mutual Company, register here.

AUTHORIZED STAFF REGISTER HERE

CURI CAPITAL CLIENTS

If you are a Curi Capital client, please contact your advisor for access.

Still need registration help? Contact Us

All users will need to complete an identity verification process. For Practice Administrators and Authorized Staff, the fastest way to verify their identity is to provide the policy number and PIN number.

Note: PIN number is found at the bottom right side of the Declarations Page

Practice Administrator Registration

⑦ Help

Personal Information
Please enter your name.

First Name

Last Name

Login Information
Please enter your email address and select a password. Your password must be at least 7 characters in length. You will use this password to login for all future visits to the website.

Email

Re-Enter Email

Password

Re-Enter Password

Identity Verification
To begin using your account we need to verify your identity. Please choose one of the two options below. You will only need to enter this information one time for verification purposes.

Policy Number / PIN
These numbers can be found on the Declarations page of your most recent policy paperwork. Example.

Policy Number

PIN Number

Practice Info
You will receive a user account via email response. Our goal is to fulfill your request within one business day.

Practice Name

Practice Phone

Register

For Physician Providers, the fastest way to verify their identity is to provide their Social Security and Date of Birth.

Provider Registration

② Help

Personal Information
Please enter your name.

First Name

Last Name

Login Information
Please enter your email address and select a password. Your password must be at least 7 characters in length. You will use this password to login for all future visits to the website.

Email

Re-Enter Email

Password

Re-Enter Password

Identity Verification
To begin using your account we need to verify your identity. **Please choose one of the three options below.** You will only need to enter this information one time for verification purposes.

SSN/DOB
Please provide both the last 4 digits of your social security number as well as your date of birth (mm/dd/yyyy).

Last 4 of SSN

MM/DD/YYYY

+ PIN Number

+ Practice Info

Register