



## **Request for a Provider Account and Password**

This form is to be used by contracted providers when requesting access to view the status of your claims, or to access the current Medicare fee schedule. The following information must be provided to ensure accurate access to your personal secured account. If you have more than one physician you are requesting access for, please fill out the information in each box. Once the form has been completed, fax to (951) 274-0321, Attn. Customer Service.

Provider Name: _____
Group Name: (if applicable) _____
Provider T.I.N #: _____
Requestor's Name: _____
Telephone # (include area code): _____

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Please allow a minimum of 2 weeks for your password. A confirmation letter, along with your secure password will be mailed to you. Please pass the information on to anyone in your billing offices requiring claims status.