

Provider Portal Administrator Designation

Our Provider Portal offers secure online access for healthcare providers to handle daily business transactions. The portal is governed by a strict access policy to make sure that no PHI is inappropriately distributed. Each user will have a separate secure account.

Directions: Use this form to designate, change, or delete a primary Portal Administrator (PA). Only a PA has the authority to assign and control access to other users.

Once a PA is designated, he/she would need to fill out the *Provider Portal User Access Form* for <u>each</u> user needing access to claim information and authorization and eligibility inquiries.

All fields must be completed.

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Section I. Provider Information				NID				_			_								
Provider Name			Provider NPI No.						Pro	vide	1 IIN	ı							
Section II. Portal Administrator																			
☐ New ☐ Change ☐ Delete		Effe	Effective Date (MM/DD/YYYY):																
Portal Administrator Name (Last, First, MI)																			
Email									Work Phone No.										
To ensure we are communicating with the des	signated Po	rtal Adn	ninistr	ator,	plea	ise p	provi	de a	Pass	word	. (Ma	ax ler	ngth:	: 30) cha	arac	ters)		
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Section III. Authorized Signature																			
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Print Name							Title												
Signature		Date Signed (MM/DD/YYYY)																	
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Section IV. Instructions																			
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P.O. Box 25610																			
Little Rock, AR 72221																			