## **Provider Web Services Access Request**

Please complete the Provider Web Services Access Request form and fax it to **855-659-7966** or to your account executive.

PCPs can request PWS viewing access and access to submit authorization requests. Ancillary providers and specialists can only request PWS viewing access. Please note: After 90 days of inactivity (meaning you don't access your PWS Portal account), your account will be disabled.

Requestor: Name		Title:		Date:			
User information	ı						
Request type:	New user Re	eactivate user	Deactivate user	Update user information			
Last name:		Fi	irst name:				
<b>Note:</b> You must request one ID per user. Please include each user's last name and first name. DO NOT use "Referral Coordinator" as a first name or last name. Each user must be connected to a participating group/vendor.							
For existing users: Login ID							
Group information							
Group/Vendor Tax ID No.:			Group NPI No.:				
Group name:							
Address Line 1:							
Address Line 2:							
City:		State:		ZIP code:			
Phone:		Fax:					
Email address:							
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Provider information		Provider ID No.	Provider name
Add	Remove		

Allow PWS viewing access (PCP/Ancillary/Specialists)

Can submit authorization requests (PCP only)

## \*\*\*\*\*\*\* CarePlus associate to complete the below only \*\*\*\*\*\*\*\*

Sent by (AE):

Completed by:

Login ID:

Date:

Date:

Password:

