



Full Access / Administrator Provider Portal Access

Name of Group / Organization		Organization Tax ID	
First Name	Last Name	Title	
Street Address	City	State	ZIP Code
Email		Phone Number	Fax Number
Che	ck the following Roles f	or Provider Portal (access:
IncludePortal AdministrationInclude	tor (Professional) - Main Portal es access to Authorizations, Claims, El tor (Institution) - Main Portal Ac es access to Authorizations, Claims, El elect if submitting UB04 Forms	gibility, Payment Information Aministrator Account fo	& reports or Institution Claims
Portal Administration Include	es access to Authorizations, Claims, Elect (Institution) - Main Portal Aces access to Authorizations, Claims, Elect if submitting UB04 Forms Ining this form, I am accepting instrator with full access to the cluding but not limited to ms (Professional/Institution), ment information. a unique username and mot be shared. If I have any forget my password, I will	gibility, Payment Information diministrator Account for gibility, Payment Information I understand my role to assign and managacess to the Provide Administrator will det Organization will be a Administrator will also password resets - including companies an	as an Administrator is ge Organization's user er Portal. The ermine who within the added or deleted. The assist with any internal luding any 3 rd party d stakeholders. IMS will
Portal Administrati Include Include Include Include Include Only se I understand by sign my role as an Admi Provider Portal – inc Authorizations, Clai Eligibility, and Paym I understand I have password that can issues logging on or contact Innovative for assistance. I understand IMS wi	es access to Authorizations, Claims, Elect (Institution) - Main Portal Aces access to Authorizations, Claims, Elect if submitting UB04 Forms Ining this form, I am accepting inistrator with full access to the cluding but not limited to ms (Professional/Institution), ment information. a unique username and not be shared. If I have any	gibility, Payment Information dministrator Account for gibility, Payment Information I understand my role to assign and managacess to the Provide Administrator will det Organization will be a Administrator will also password resets - incl	as an Administrator is ge Organization's user er Portal. The ermine who within the added or deleted. The assist with any internal luding any 3rd party d stakeholders. IMS will trator's request. ng this form, I am lity of health

Complete and return form to Provider Relations providerrelations@imsmso.com





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