<u>Insurance Website Access Request</u>

Employee will need to attempt log-in when access granted to become an "Active" user in payer system

Employee Name: _____

Site: _____

Phone: _____

Job Title: _____

Email: _____

Payer/Website Requested:

Access will be given for Eligibility, Referrals and Prior Auths for NoAH
and MassHealth unless you specify otherwise in the space provided

	<u>√ To Request Access</u>	<u>Access Restrictions</u>
<u>Fallon</u>	_____	_____
<u>MPV - Experian</u> **Includes most payers except** **Fallon**	_____	n/a
<u>Mass Health</u> - E/R/PA **E - includes Network Health (no pcp info)**	_____	_____
<u>NoAH</u> - Includes the following:	_____	_____

E-Aetna, BCBSMA, Cigna, HPHC,
Mass Health(new ID# only),Network Health,
Tufts, United
R/PA-BCBSMA, HPHC, Tufts
R - Cigna

I have requested use of the payer websites listed above solely for business purposes as they
pertain to my job function at Tri-County Medical Associates, and I attest that I will not share
my personal user name or passwords with anyone, nor will I use the website or disclose
any information found on it, for any reasons other than those related to my job function.

Employee Signature: _____ Date : _____

Office Manager Name: _____Date Discussed:_____

Please submit completed form to Jennifer Newton, TCMA Training Dept.

Jen Ack/Date_____ Dawn Jacob Ack/Date_____ Penny Diotalevi Ack/Date_____

Form Revised 11/16/16

Employee Date of Birth:_____
Last 4 digits of SSN: _____

(For privacy reasons, this portion of the form will be destroyed after log-in requests completed)