



Web Site Provider Login ID Request Form

www.bmchp.org

Complete this form and fax or mail it to your Provider Relations representative. **You must complete all data elements.**

PRACTICE/FACILITY: _____

PRACTICE TIN: _____

USER NAME: _____
(First) (Middle Init) (Last)

USER TITLE / FUNCTION: _____

ACCESS REQUESTING:

- Please check all that apply
- Claim Status Lookup
 - Member Eligibility Lookup
 - Remittance History

USER CONTACT INFORMATION:

Business Phone: _____
(Please include area code)

Business Address: _____
(Please include city, state and zip code)

Business fax: _____

Business email: _____

BMC HealthNet Plan will notify you of your login ID and initial password when they have been created. Your signature below and your acceptance of a BMC HealthNet Plan login ID indicates that you have read and agree to the following:

- BMC HealthNet Plan provider certifies that the individual who will use this login is an employee of the provider organization, is permitted to have access to protected health information (PHI), has received training on privacy regulations included in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is aware of all requirements of HIPAA regulatory compliance.
- Provider is responsible for notifying his/her assigned BMC HealthNet Plan Provider Relations representative immediately in writing (via email or paper) of the termination of employment for the person holding this login.

Signature of requestor: _____

Signature of Office Administrator: _____

*** BMC HealthNet Plan use only ***

I have certified that this person is authorized to receive a login for the above functions.

(BMC HealthNet Plan Provider Relations representative):
Applicable group or provider NPI: _____ (Date)

BMC HealthNet Plan
Attention: Provider Relations Department
Two Copley Place, Suite 600, Boston, MA 02116
BMC HealthNet Plan provider line: 1-888-566-0008