



Web Portal Access Form

Please fax completed form to 718-630-2624

I. User Identification Information		
<i>One form must be completed per individual</i>		
Provider Name		
Name of Organization or Group		
NPI	Tax ID	
First Name	Last Name	
Address		
City	State	Zip Code
Phone	Fax	
Email		
Notification Method - E-Mail or Fax or Phone (Circle One)		
ElderPlan Provider #	Birth Date (for user verification)	
II. Data Access Privileges		
If access is for a group or IPA , please list individual providers numbers.		
Provider Name or Number	Group Name	
III. Type of Access		
Place Y or N next to each type of access		
Inquiry for	___ Claims	___ Eligibility
IV. For Security Officer to complete		
The name and address of your Primary Controlling Authority (PCA) or Security Officer – the individual who can legally bind your organization who has the legal authority to sign for group		
Name		
Address		
Email		
Signature		

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