State of Washington

**ProviderOne User Access Request**

**IMMEDIATE ACTION REQUIRED**

**Domain/ProviderOne ID:**

**In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.**

**The System Administrator is responsible for maintaining access to ProviderOne for your staff; which includes setting up user accounts, assigning profiles to user accounts, resetting user passwords and deactivating user accounts.**

**After you have completed the form, return to ProviderOne Security and your user account will be created. You will receive two separate emails, to email address provided, with your username and a temporary password.**

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| **ProviderOne System Administrator Information** | |
| **THIS COLUMN IS FOR THE INDIVIDUAL** | **THIS COLUMN IS FOR THE BUSINESS** |
| Name of System Administrator (First, Last, Middle Initial): | Physical Address  (Street):  (City):  (State):  (Zip): |
| System Administrator’s Date of Birth: | Business Name: |
| System Administrator’s **Individual** Email Address:  **Check here to verify that you are the only one with access to this email.** | National Provider Identifier (NPI if applicable): |
| System Administrator’s Phone Number: | Federal Tax ID (FEIN/SSN): |
| **Each domain user must have their own account** | |
| With the system administrator login information, ProviderOne Security we will send instructions regarding how to create additional user accounts for your Domain and how to add profiles to user accounts.  To better understand the different types of user profiles, please see the Security Profiles and Descriptions page on our website: <https://www.hca.wa.gov/p1-profiles> | |
| **To review or update provider information:** | |
| You may edit information in your provider file at any time by using the EXT Provider File Maintenance or EXT Provider Super User profile. As soon as you receive your login information, we encourage you to verify all the data in your provider file including:   * Address Information * Payment Detail * Electronic Data Interchange Information if you plan on submitting HIPAA batch files   If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval. | |

**Return this completed form by either:**

**Emailing to:** [provideronesecurity@hca.wa.gov](mailto:provideronesecurity@hca.wa.gov)

**Faxing to:** 360-507-9019

**Mailing to:** HCA IT Security, PO Box 42711, Olympia, WA 98504-2711

Sign up for email broadcast messages regarding updates to ProviderOne at: <https://public.govdelivery.com/accounts/WAHCA/subscriber/new>