

HealthWeb[®] User Request Form



Section I Provider Information

Contact Person: _____

Practice/Facility Name: _____

Tax ID#: _____

Mailing Address: _____

Phone #: _____

Fax#: _____

Contact Email Address: _____

Section II New Users

First and Last Name of User	Provider Number (ex: 200000009999) or NPI	Password (PHP Use Only)

Section III Changes/Deletions

First and Last Name of User	Login ID (ex: 200000009999)	Type of Change (if you are deleting a user, please note why the login is being disabled)

PHP Use Only

Rcvd from Provider: _____

Requested via IT: _____

Comm. to Provider: _____

Via: email fax

Initials: _____

Please **FAX** completed form to:

517-364-8412

If you have any questions or
need assistance, please
contact your Provider
Relations Coordinator at
517-364-8312