



MyPHP Access Termination Request Form

Provider Information

Contact Person:

Practice/Facility Name:

Tax ID Number:

Contact Email Address:

Phone Number:

Access Termination Request

User First and Last Name:

User First and Last Name:

User First and Last Name:

User First and Last Name:

Please Email completed form to: PHPPProviderRelations@phpmm.org

If you have any questions or need assistance, please contact your Provider Relations Team at PHPPProviderRelations@phpmm.org or 517.364.8323 or 517.364.8316