

Provider Portal Request Form

The following information is requested to grant access to the provider portal giving the end-user access to information online such as eligibility and benefits, claim status, payment information (EOP), prior authorization information, and the ability to enter claims for providers currently sending paper claims.

Group/Clinical Name:	
Contact Name:	
Contact Email:	
Group/Clinic TIN:	
Group/NPI:	
Group/NPI:	
Group/NPI:	

The system has 2-factor authentication for security purposes. Users can use email as the 2nd factor or a mobile phone number. Please provide the data below on each user requiring access to the portal. Please add this access to your system records to identify when a user leaves your clinic/facility to report any staff changes.

Name	Email	Mobile Phone

Send completed form or any questions to Heather Byrd hbyrd@accesshealth.services
Expect an email from Support@datagenix to each of those requesting access to Valor's portal.
Please check your spam folder if you don't receive it.