

Thank You for requesting access to the Valor’s AHS Provider Portal. Your facility information is required to create a user profile, please complete and submit form to [ppmanagement@accesshealthservices.com](mailto:ppmanagement@accesshealthservices.com)

\*Required Fields

<b>*Group/Clinic Name:</b>	
<b>*Group/Clinic TIN:</b>	
<b>*Group/NPI:</b>	
<b>If you need access to multiple clinics, please complete the additional identifiers below.</b>	
<b>Additional Group/Clinic TIN:</b>	
<b>Additional Group/Clinic NPI:</b>	
<b>*Contact Name</b>	
<b>*Contact Email</b>	

List the users below requested for the facility indicated above, please complete all user information. Email and mobile phone are required for user authentication.

<b>Name</b>	<b>Email</b>	<b>Mobile Number</b>

Next steps, submit your request form to [ppmanagement@accesshealthservices.com](mailto:ppmanagement@accesshealthservices.com). Upon receipt of your AHS provider portal request, the AHS User Administrator will contact you regarding the details of your user profile. **Expect the email notifications below:**

- “User Access Granted” email notification from AHS Administrator [@Accesshealthservices.com](mailto:@Accesshealthservices.com)
  - Attached to this email is the current version of the AHS Provider Portal Training manual.
- To finalize the Provider Portal User profile, follow the instructions in the email received from [support@datagenix.com](mailto:support@datagenix.com).