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Provider Portal User Request Form

Thank You for requesting access to the AHS Provider Portal. Your facility information is required to create a user profile, please complete and submit form to ppmanagement@accesshealthservices.com

*Required Fields

***Group/Clinic Name:**	
***Group/Clinic TIN:**	
***Group/NPI:**	
***Contact Name:**	
***Contact Email:**	
Additional Pay-to NPI's:	
***Billing Address:**	
Billing Address:	

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

Name	Email	Phone Number

Next steps, submit your request form to 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
  - 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,

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