

Request for Provider Access

Provider access provides access to the following:

- Eligibility Inquiry
- Claims Inquiry
- Authorization Inquiry
- SCP Education Calendar
- Manuals
- Links to Forms
- Links to Memoranda
- Clinical Guidelines
- Cost and Utilization Reports
- Disease Registry Reports
- P4P Tool Kit
- HIPAA Information
- Annual Reports
- Messages

Please complete the form in its entirety. Please be as accurate as possible.
All Fields are Required

Provider Information

Last Name _____

First Name _____

Group or Institutional Name _____

Office Contact _____

Address _____

Suite Number _____

City _____

State _____

Zip _____

Office Phone _____

Email _____

Fax # _____

State License # _____

Tax ID # _____

Privacy Agreement

I acknowledge that information I view while accessing this system may contain protected health information and confidential IPA-related information. I agree by signing this form and requesting access that I will hold any and all patient and IPA-related information in strict confidence and not disclose patient or IPA-related information.

I am aware of my ethical and legal obligation to act in accordance with all Federal and State laws regarding patient confidentiality. I am also aware of my contractual obligation to Santé Community Physicians to act in accordance with my contractual obligation regarding confidential IPA-related information.

Provider Signature _____ Date _____

Print and fax this form to Santé @ (559) 224-2046