

Security Health Plan Provider Portal

Provider Access Request

The Security Health Plan Provider Portal allows convenient access to Security Health Plan members' information anytime and anywhere. Through enhanced features, users can:

- receive important Security Health Plan updates
- verify member eligibility and benefits
- submit prior authorizations
- track claims and more

Select your organization administrator. The organization administrator will be responsible for granting individual practice access to the provider portal. The organization administrator is responsible for adding/editing practice administrators and practice users within the same practice. If you are unsure who your organization administrator is, please contact Provider Relations and Contracting at 715.221.9640.

Organization administrator contact information:

Practice name		
Practice street address		
City	State	ZIP code
Phone number	Tax ID number	Type 2 NPI
Organization administrator name (print)		
Organization administrator email address		

Choose three characters to represent your group. These three characters will be used to determine the first three characters of the user name for the designated employees of the practice(s) in your group. _____ | _____ | _____

I am the Security Health Plan Provider Portal organization administrator for this practice. I acknowledge that I and any employee I set up will use the provider portal only for plan administration purposes or as otherwise permitted by applicable privacy laws.

Organization administrator's signature

_____/_____/_____
Date (month/day/year)

If you have questions on how to complete this form, contact Provider Relations and Contracting at 715.221.9640.

Return completed request to: Security Health Plan, Provider Relations and Contracting
1515 North Saint Joseph Avenue, PO Box 8000, Marshfield, WI 54449-8000
Fax: 715.221.9699