SecurityHealth Plan℠

Promises kept, plain and simple.®

Provider Portal Access Request

The plan 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

Only a provider may submit a Provider Portal Access Request. The Plan will not accept a Provider Portal Access Request from a billing service or clearing house acting as the Organization Administrator.

Each organization will need to select an Organization Administrator. The Organization Administrator will be responsible for granting and maintaining access of others within their organization. If you do not have an Organization Administrator or need to change/update your Organization Administrator, complete the form below. (*Note:* an organization can only have one organizational administrator)

Check (✔) one:
☐ Initial Set-Up Request
☐ Change/Update Request

Organization Administrator Contact Information:

Organization Legal Name			
Business Address			
City		State	ZIP
Organization Administrator Phone Number	Tax ID Number		
Organization Administrator Name and Title (print)			
Organization Administrator Email			

Choose three letters to represent your practice. These three letters will be used to determine the first three letters of all practice user names. _____ I _____ I _____

Attestation: I attest that I am authorized to be the Plan portal Organization Administrator for my Organization. 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 (m/d/y)

If you have questions on how to complete this form, contact Provider Network Engagement at 715-221-9640.

Return completed request via email or fax.
Email: ProvNetEngage@SecurityHealth.org
Fax: 715-221-9699

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