

This Account Request Form is only for activating Super User access to the ProviderConnect application. This access allows for the ability to create additional ProviderConnect User Ids and Passwords for staff members at your facility or group practice. If you need to update your address, tax ID or NPI information, you will need to contact our Provider Relations Department at 1-877-552-8247. Please do not make additional notations on the Account Request Form unless advised to do so by the CT BHP Provider Relations Department.

\* Facility/Group Practice Name

\* Current ProviderConnect Login Id

\* Full Name (First and Last)

\* Telephone Number

\* Email:

**Note:** If you are requesting Super User Access for more than one facility/practice and currently have multiple ProviderConnect login id's, please list your additional ProviderConnect user id's for the facilities you require Super User Access rights.

ProviderConnect Login ID Facility 2

ProviderConnect Login ID Facility 3

ProviderConnect Login ID Facility 4

**Agreement Terms:**

- A. The undersigned submitter authorizes Beacon Health Options to receive and process registration/authorization submissions via the Beacon Health Options Electronic Transport System (ETS) or Beacon Health Options Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. The Submitter agrees to comply with any laws, rules and regulations governing the Beacon Health Options Online Provider Services/EDI program.

**Signatures:**

\*Name of Individual Signing for Organization

Title of individual signing for organization

\*Authorizing Signature

\*Date

Fax completed form to 855-750-9862 or email to [ctbhp@beaconhealthoptions.com](mailto:ctbhp@beaconhealthoptions.com)