



APPLICATION FOR ACCESS TO HEALTHSUN PROVIDER PORTAL

TYPE OF REQUEST (Check only one):

NEW DELETE

1. USER INFORMATION

IPA GROUP HOSPITAL SPECIALIST

PROVIDER NETWORK

| | | | |
|---|---|---------------|---------|
| First Name: | MI: | Last Name: | Tax ID: |
| Company/Organization /Department Name | | | |
| Mailing Address (Include Suite/Mailstop) | | | |
| City | State | Zip Code | |
| Telephone (Include Extension) () - | Company Telephone (if Different) () - | Email Address | |

2. REQUIRED ACCESSES

Administrator

ELIGIBILITY/BENEFITS

CLAIMS STATUS

EXPLANATION OF PAYMENT

REFERRAL / AUTHORIZATION REQUEST AND SUBMISSION

ELIGIBILITY FILE EXTRACT (PRIMARY CARE PROVIDERS ONLY)



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3. JUSTIFICATION

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4. APPROVALS:

PROVIDE SIGNATURES BELOW

Authorization: We acknowledge that our Organization is responsible for all resources to be used by the person identified above and that requested accesses are required to perform their duties. We have reviewed and verified the workload information supplied is accurate and appropriate. **Authorization:** We acknowledge that our Organization is responsible for all resources to be used by the person identified above and that requested accesses are required to perform their duties. We have reviewed and verified the workload information supplied is accurate and appropriate. We understand that any change in employment status or access needs is to be reported immediately via submittal of this form.

| APPROVER | |
|--------------|------------------|
| Printed Name | Telephone Number |
| Signature | Date |

APPLICANT: Read, complete and sign next page.



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SECURITY REQUIREMENTS FOR USERS OF HEALTHSUN'S COMPUTER SYSTEMS

Healthsun Health Plans maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of Healthsun's computerized information and resources. Healthsun records all access to its computer systems and conducts routine reviews for unauthorized access to and/or illegal activity.

You acknowledge that the Site may contain copyrighted materials as well as trademarks and service marks that are owned by Healthsun Healthcare Plans, their related entities and affiliates, and/or third parties. Nothing contained on this Site shall be construed as conferring any right to any copyright, trademark, or other proprietary interest of Healthsun Healthcare Plans, their related entities or affiliates, and/or any third party. You agree not to infringe upon any copyright, trademark, or service mark. You also agree that you will not alter or remove any copyright, trademark, or any other notice from any authorized copy of the content on this Site.

Anyone with access to Healthsun's Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use Healthsun's data files for unauthorized or illegal purposes.
- Do not use Healthsun's data files for private gain or to misrepresent yourself or Healthsun's.
- Do not make any disclosure of Healthsun's data that is not specifically authorized.
- Do not duplicate Healthsun's data files, create subfiles of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter Healthsun's data files unless you have been specifically authorized to do so.



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- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of Healthsun's data files.

If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component's Information Systems Security Officer.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|



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TECH SERV PR-SO COMPLIANCE