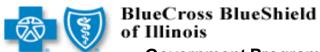


Government Programs & HMO Online Access - Request Form

Please fill out this form on your computer. Please refrain from handwritten entries. Once finished, please email this document, as anattachment, to your security officer for approval.

Note: The security officer at the medical group must identify which reports each user should have access and if you have multiple sites, which sites.

Step 1: Medical Group Information					
/ledicalGroup/IPAName:		Medical	Medical Group# (3 digit MG #)		
Address			<i>-</i> στουρ π	(3 digit wio #)	
			Zip Code:		
City	State		Code		
Step 2: External User Information					
☐ I have a sign on for Eligibility	☐ I have a sign on for Claim	s			
Last name:	First Name:	MI:			
Title:	Phone Number:	(numbers only)	Fax Number:		
Work Email Address:					
Mother's Maiden Name:	ther's Maiden Name:Last 4 Digits of SSN:				
HMO Login ID: IL1.MGP:		<u></u>			
HMO Login ID: IL1.MGP:Yourgro	oup number, last name and first in	itial (Example: 123.smit	hj)		
This ID is for your usage to conduct busines Your initials acknowledges full responsibili			ED.		
Initial that you have read and agree to the al			Date:		
Who else should Portal Access no	stifuwhon roquost is completed?				
Name:			s:		
Step 3: Roles Requested (For Secu	rity Officer at MG/IPA to comple	ete) - check all that app	oly		
Eligibility Only					
BCBSIL IPA Access Portal (MXOcar	e) Financial & Eligibility				
Verscend	HMO Reporting/Encounter	er Data Upload			
PCS Portal					
List Medical Group Number(s):(in ascending order)				_	
Medical Group Security Officer Name	e please print:	Dat	e:	<u>_</u>	
Medical Group Security Officer Signat	ture:				
	(Electronic Signature I	nstructions on page2)			
Discourse 344	MEDICAL GROUP SECU		- DDE (II. ()		
	nis electronically signed and saved fo ard by holding the control key (Ct				
	, , ,	, , , , , , , , , , , , , , , , , , , ,			
For Government Programs and HMO-IPA: govproviders@bcbsil.com For Covernment Programs only: govproviders@bcbsil.com					
	 For Government Programs <u>only</u>: <u>govproviders@bcbsil.com</u> HMO and Medicare Advantage IPA's <u>only</u>: <u>HMOAccessRequestForm@bcbsil.com</u> 				
Internal Use: (Role Required)	vicaicare riavantage ii ri s <u>vin</u> i.	THIN C / LOCOCOT COQUECTE	01111@2000011.00111		
Blue Access for Providers:					
□ Medical Group Base Report□ Medical Group - Group Approval Report	☐ Medical Group Multi-site Report	Medical Group Fina	anciai Keport		
Manager Approval:		Date:			
DSO Approval:		Date:			



Government Programs & HMO Online Access - Request Form

Sign with a new digital ID

- 1. Open the PDF and choose Tools > Sign & Certify > Sign Document. If you don't see the Sign & Certify panel, see the instructions for adding panels at <u>Task panes</u>.
- 2. If a dialog box appears, read the information and then click OK.
- 3. Drag your pointer to create a space for the signature.
- 4. Select A New Digital ID I Want To Create Now from the Add Digital ID dialog box.
- 5. In the Add Digital ID dialog box, select a storage location for the digital ID.
- 6. Type a name, e-mail address, and other personal information for your digital ID. When you certify or sign a document, the name appears in the Signatures panel and in the Signature field.
- 7. (Optional) To use Unicode values for extended characters, select Enable Unicode Support, and then specify Unicode values in the appropriate boxes.
- 8. From the Use Digital ID For menu, choose whether you want to use the digital ID for signatures, data encryption, or both.
- 9. Type a password for the digital ID file. For each keystroke, the password strength meter evaluates your password and indicates the password strength using color patterns.
- 10. Confirm your password, and click Finish.