

ACCESS FORM

** required*

Contact Name

Contact Phone

Practice / Group Name*

Billing Provider TINs* (Enter multiple TINs including dashes, separated by commas, ##-##### , ###-##-####)

Address*

City*

State*

Suite*

ZIP*

Telephone Number*

Front Office Email Address*

FOR IPA PHYSICIANS ONLY

Authorizing Officer*

Email Address*

Will User Submit Claims Online*?
 Yes
 No

Does User have PiP Account?*
 Yes
 No

Title*

Authorizing Officer*

Email Address*

Will User Submit Claims Online*?
 Yes
 No

Does User have PiP Account?*
 Yes
 No

Title*

User*

Email Address*

Will User Submit Claims Online*?
 Yes
 No

Does User have PiP Account?*
 Yes
 No

Title*

User*

Email Address*

Yes
 No

Yes
 No

Title*

Please review the Terms and Conditions, **Print and Sign the Form.**
YOU MUST either mail the form to us, or fax to the number below.

Clinicians or designees understand that the use of Health Insurance Portability and Accountability Act (HIPAA) standards is intended to provide enhanced protections for individually identifiable health information. Clinicians or designees also understand they will be expected to comply with these standards and to use, protect, and disclose Protected Health Information (PHI) only in accordance with the scope of their duties. Unauthorized release or use of PHI will result in performance improvement action, up to and including termination of contract.

Clinicians or designees further understand that the HIPAA security regulations address PHI in electronic format, to include portable and desktop computers (both hardware & software) or any other device capable of receiving or transmitting PHI. Clinicians or designees assume responsibility for the security of the devices and confidentiality of the PHI within his/her scope of control. Clinicians or designees will take reasonable steps to mitigate incidental disclosures and report to the appropriate supervisor any unauthorized disclosure, or potential of disclosure, of protected health information (e.g. theft of laptop, unauthorized access or log in, etc.)

Clinicians or designees recognize that the unauthorized release of certain trade secret information is detrimental to the interests of Optum. Such information includes, but is not limited to, business strategies, technology and technical data, patient lists, contracts and information regarding contract negotiations, concepts, clinical research protocols, data, and agreements, materials, product design, formulae, marketing data and plans, financial data, and any intellectual property therein or related thereto. Trade secret information is a special, valuable and unique asset of Optum, therefore, clinicians and their designees are expected to safeguard all of Optum's trade secrets, and the unauthorized release of any information therein or related thereto is strictly prohibited.

WHEN AN AUTHORIZED USER IS NO LONGER PART OF YOUR OFFICE PRACTICE, YOU WILL NEED TO UPDATE THE OPTUM CLAIMS ONLINE PORTAL ACCESS FORM WITH THE TERMINATION DATE AND YOUR INITIALS (OR YOUR DESIGNEE FROM THE PRACTICE), SUBMIT IT TO CSD SO THAT WE CAN TERMINATE THAT USER'S ACCESS.

Questions regarding this form can be directed to CSD at 310.630.2300 or Claims Customer Service at 310.965.1144

Send completed Form to: Optum - CSD 19191 S. Vermont Suite 200 Torrance, CA 90502	OR Fax to: 310.808.9217
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Your request will be reviewed within 5-7 business days, excluding weekends and holidays.
An agent will contact you when you have been granted access to Optum Claims Online Portal. If you requested the ability to submit claims online, an agent will also contact you to discuss the technical requirements and work with your team to set-up and test your HIPPA compliant 837 file.

AUTHORIZING OFFICER SIGNATURE*

DATE

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