



Provider User Access Agreement

Utah Department of Health, Division of Medicald and Health Financing

Section 1 - User Information Name	Email address	enaenary (Syn	Utah-ID		
Wellie .	ciliali addi ess		0(8)1-10	•	
Employer	Department/Office		Job Title		
Street Address	City/State/Zip		Work phone #		
Supervisor Name	Supervisor email		Supervisor phone II		
Section 2 Access Information	STONES TO A STONE	a a a a a a a a a a a a a a a a a a a	ave baren		
Request Date	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	UNEW,但Change,即Suspend。但Re ffective Date		Expiration Date (If temp access)	
			4,7,11,41,41,4	and the route account	
Requested Access	PROVIDER	PROVIDER EH	3	PROVIDER SECURITY	
(to see a profile description, hover	☐ Credentialing Specialist	I Inconthus 5	andallet	D Account Administration	
over the profile checkbox)	☐ EDI Team	☐ Incentive S (eMIPP system			
<u>Provider Domain Name</u> ;	☐ File View (inquiry) ☐ Upload Files	(ormer byotan	ar vulling	additional opprovol in Section 4 below)	
Justification for access (required)	. ,	.			
Section 3, Security Agreement / Ap	provals				
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