State of Washington
ProviderOne User Access Request

<u>IMMEDIATE ACTION REQUIRED</u>

ProviderOne Domain Number:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish your EHR Administrator user account in the ProviderOne system.

Once you have completed and returned this form, we will send a username and a temporary password in two separate emails to the email address on the user account.

ProviderOne EHR Administrator Information	
Name of EHR Administrator (First, Last, Middle Initial)	Individual Provider Name
EHR Administrator's Date of Birth	
EHR Administrator's Email Address	Individual Provider National Provider Identifier (NPI)
EHR Administrator's Phone Number	

Tips for comleting the form:

- The email address must match the email address on file with CMS for the provider.
- Provide the individual provider name and NPI for the provider you are attesting for.
- If attesting for multiple providers, complete a form for each provider and email/fax each form separately.

Please Note:
Each person logging in to ProviderOne must have their own user account.

**Return this completed form by email: <u>provideronesecurity@hca.wa.gov</u>,
or Fax to: (360) 507-9019**