



Phoenix Health Plan Abrazo Advantage Health Plan (HMO)

An Affiliate of Abrazo Health Care

PHP and AAHP Website Registration Form

Please print this form and **Fax** back to **(602) 674-6622** for processing

Office/Facility Name: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tax ID Number: _____ Phone #: _____ Fax #: _____

E-Mail Address: _____

An E-Mail address is required to complete the website registration.

Provider User ID (Type I NPI Number): _____

(If you are requesting website registration for a group practice, more than one Provider affiliated, include the group practice NPI or the PHP "Group" number (F number) for that group/practice, and fill out a separate sheet for each Provider, with his/her NPI number.)

This "USER ID" will have access to each of the following:

- Eligibility Verification
- PCP Member Roster (Individual provider PCP Roster)
- Claims Inquiry
- Check Remit Inquiry

Office Manager User ID (group practice NPI (Type II NPI)) _____

(If you are requesting website registration for multiple groups, more than one Facility, include the NPI for each group/practice that you will need access to, fill out a separate sheet for each Facility.)

This "USER ID" will have access to each of the following:

- Eligibility Verification
- PCP Member Roster (All provider PCP Rosters for entire Group practice)
- Claims Inquiry
- Check Remit Inquiry

PHP and AAHP, use ONLY

A "User ID" will be assigned once your registration has been processed.

(User ID)/Provider _____ Temporary Password: "Password"

(User ID)/Office Mgr _____ Temporary Password: "Password"

When you Login for the first time, we recommend that you change your "Password" immediately, so that it is unique to you. You can use a maximum of 8 characters (Alpha and/or Numeric) that will be easiest for you to remember.

*** Not sure if you need an NPI number? You can get more information at the CMS NPI web page <http://www.cms.hhs.gov/NationalProidentStand>**