

PORTAL ACCESS REQUEST FORM

Please note:

Only providers who are contracted or have submitted claims to iCare are given access to the Provider Portal.

If you are a **third party or billing company**- you must have written consent from the provider attached to your request form to receive Portal information.

Incomplete Portal Access Request Forms will not be reviewed.

Entity/Provider Name:	
Phone Number:	E-mail Address:
NPI:	Tax ID Number:
Address:	City, State, Zip:
How would you like to receive Portal information?	
<input type="checkbox"/> E-Mail: _____ <input type="checkbox"/> USPS: <u>PIN letters will be mailed to billing address on file</u>	

Contact Name: _____ Signature: _____

Submit this completed form to netdev@icare-wi.org or fax to (414) 272-5618.