



# Northwood

## ONLINE PROVIDER AUTHORIZATION LOGIN ID REQUEST FORM

### Provider Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Northwood Provider Number: \_\_\_\_\_

By signing below, I authorize that the following list of individuals are employees of the provider company stated above. For each employee listed below, I am requesting a login for Northwood's Online Provider Authorization Request Portal. I shall notify Northwood immediately of the termination of employment of any individual holding a Northwood login and access to Northwood's system.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Login ID Requests

Name	Email	Signature

### Northwood Use Only

I have certified that the above provider's employees are authorized to receive Northwood Online Provider Authorization Request Login IDs.

\_\_\_\_\_  
Northwood Provider Relations Manager's Signature Date

\_\_\_\_\_  
Northwood IT Representative – IDs Created and Sent Date

Northwood, Inc.

Mail Completed Forms to: P.O. Box 510, Warren, MI 48090 *or* Fax to (586)755-3733

For IT questions please contact: Jim Henry (586)755-3830 ext. 3757

For Provider Affairs questions contact: Debbie Cutlip (586)755-3830 ext. 3703