



PROVIDER PORTAL LOGIN ID REQUEST FORM

Provider Information

Provider 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 Portal. I shall notify Northwood immediately of the termination of employment of any individual holding a Northwood login and access to Northwood's system.

Management 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 Portal 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 jimh@northwoodinc.com

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