Connecticut BHP
Supporting Health and Recovery

Online Provider Services Account Request Form

Required fields are marked with an asterisk. *
Fax completed form to 855-750-9862 or email to ctbhp@beaconhealthoptions.com
Questions on this form? Read instructions on page 2

Special Setup: (See page 2)

☐ **Additional Login Account**

☐ **New Combined Account**
Existing Combined Account
Login ID: _____

_____
***Provider, Practice or Facility Name**

_____
***Beacon Health Options assigned Provider ID (CBHP#) or Medicaid ID# (005555555)**

_____
***Address**

_____
***City** ***State** ***Zip Code**

_____
***User's First and Last Name**

_____
***User's Email Address**

***Telephone Number: _____ Fax Number: _____**

Agreement Terms:

A. **The undersigned submitter authorizes Beacon Health Options to receive and process claims or batch registration submissions via the Beacon Health Options Electronic Transport System (ETS) or Beacon Health Options Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.**

B. **All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.**

C. **The Submitter agrees to comply with any laws, rules and regulations governing the Beacon Health Options Online Provider Services/EDI program.**

D. **The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with Beacon Health Options.**

E. **This is to certify that an exact copy of any claim files submitted via the Beacon Health Options ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.**

This is to certify that the following is true:

_____I am a provider OR ____I am office staff of a Provider, and am authorized to sign on their behalf.

Signatures:

_____
Legal name of Organization **Title of individual signing for organization**

_____
***Name of Individual Signing for Organization** ***Authorizing Signature** ***Date**

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Instructions for Account Request Form

The Account Request Form is only for activating online access to ProviderConnect on the CT BHP website. If you need to update your address, tax ID or NPI information, you will need to contact our Provider Relations Department at 1-877-552-8247. Please do not make additional notations on the Account Request Form unless advised to do so by these instructions or by the CT BHP Provider Relations Department.

Additional Login Account?
If a ProviderConnect account already exists for the provider or facility, and an office staff member needs their own unique ID/password, you can check this box. If this secondary account needs to be disabled or deleted for any reason, it will be the provider's responsibility to contact the EDI Helpdesk immediately.

New Combined Account:
Only check this box if you are registering multiple provider numbers, you want them accessible from a single user ID and password, and if you currently do not have a login ID for ProviderConnect. In the area for Provider Number, you can write "See Attached List," and include an additional list containing the provider's name, Beacon Health Options provider #, NPI, and tax ID. This information must be complete and accurate.

Existing Combined Account:
Only check this box if you currently have a Combined account login ID for ProviderConnect, and you want to include an additional provider number to be accessible from this account. Please write your existing login ID on the blank line. Make sure you put the new provider number in the appropriate field, or send a list as described above.

Provider ID number:
Users may enter the CBHP provider number assigned by Beacon Health Options or enter their 9 digit Medicaid (CMAP) ID. If you need assistance with either Provider ID, please contact the CT BHP at 1-877-552-8247

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