



CIM Access Request

****ATTENTION THIRD PARTY CONTRACTORS****

Please submit a copy of your executed Business Associate Agreement for each vendor you are requesting access to.
Forms that are not legible and/or are missing required info/documentation will not be processed.

Are you a Third Party Biller? YES NO

If so, Billing Company:

Last Name:	
First Name:	
Office:	
Tax ID:	NPI:
Address:	
City:	State:
County:	Zip:
Office Phone:	Fax:
Email:	
Job Title:	

Access Type:

- Eligibility
- Referrals/Authorizations
- Billing

Carriers:

- ATRIO Health Plans
- Aspire Health Plan
- Primary Health CCO
- Willamette Valley Community Health CCO
- Health Share of Oregon CCO (eligibility tool only)
- Legacy ED Call
- Tuality Health Alliance
- Mental Health (specify MH carriers needed)
- Dental (CDC, ADC, MDC, FDC)

Please email completed form to: support@phtech.com

Watch our training video: <https://www.youtube.com/watch?v=CV-EgCon-B4>