



**ProviderConnect Online Services Account Request Form**

Special Account Setup:
<input type="checkbox"/> Additional User Account
<input type="checkbox"/> Super User Account
<input type="checkbox"/> Military OneSource

\_\_\_\_\_  
Provider, Practice or Facility Name

\_\_\_\_\_  
Beacon Health Options Assigned ID

\_\_\_\_\_  
National Provider Identifier (NPI)

\_\_\_\_\_  
Beacon Health Options Network Specific Assigned ID (Massachusetts, Illinois, Georgia Only)

\_\_\_\_\_  
Provider, Practice or Facility Tax IDs to be associated to this online account. If more than one, please list all.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_)\_\_\_\_\_  
Telephone Number

(\_\_\_\_)\_\_\_\_\_  
Fax Number

Please indicate if this request is for MBHP, Commercial or both. \_\_\_\_\_

If you intend to submit **batch** transactions for one of the states below please mark the appropriate box:

- 1. Illinois, batch registration for Illinois Mental Health Collaborative or ICG clients?  Yes  No
- 2. Georgia, batch registration, authorization, discharge or claims for Georgia Collaborative ASO?  Yes  No

Default functions included with your account access: Eligibility Inquiry, Claim Status, Authorization Inquiry and Provider Summary Voucher access.

If you intend to submit Direct Data Entry claims via ProviderConnect please mark here:  Yes  No

\_\_\_\_\_  
Contact Name (ProviderConnect Account User)

\_\_\_\_\_  
Contact's e-mail address

\_\_\_\_\_  
E-mail address where you would like to receive your batch submission file feedback



Agreement Terms:

- A. The undersigned submitter authorizes Beacon Health Options, Inc. to receive and process batch registration, authorization and/or discharge submissions via 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.

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

For Super User Accounts Only; managed user Information:	
_____	_____
First and Last Name of Initial Managed User (Must differ from Super User on page 1)	Managed User's Phone
_____	
Managed User's e-mail address (Please print) (Must differ from Super User on page 1)	



## Instructions for Account Request Form

The Account Request Form is only for activating online access on Beacon Health Options ProviderConnect website. If you need to update your address, tax ID or NPI information, you will need to contact our Provider Relations area at 800.397.1630. Please do not make additional notations on the Account Request Form unless advised to do so by these instructions or by the EDI Helpdesk.

For guides on Direct Claim Submission and Authorization Submission, visit the Compliance page at: <http://www.valueoptions.com/providers/ProCompliance.htm>.

### **Additional User 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.

### **Super User Account:**

Only check this box if you are registering to access ProviderConnect as an administrator to manage other users of your account.

### **Provider ID number:**

You can retrieve your Beacon Health Options assigned provider number by reviewing any Provider Summary Vouchers/EOBs you have previously received; the Provider # will be present at the beginning of each claim. Or, depending on what state and type of claims you will be submitting, the following service centers will be able to best assist you:

For all commercial accounts or states not listed below: 800.397.1630

Illinois Mental Health Collaborative or ICG: 800.397.1630

Massachusetts MBHP: 800.495.0086 (If submitting for both Commercial and MBHP clients, please provide both provider numbers)

Georgia Collaborative: 800.397.1630

### **Direct Claim Submission:**

**Direct Claim Submission:** If you are a smaller practice, or happen to have a low volume of Professional claims (normally submitted on a HCFA-1500 or CMS-1500), Single Claim Submission may be best and easiest. With this option, you can submit each claim directly on the website, the member and provider information are verified, and you receive a claim number right away.

**Claim Adjustment:** The ProviderConnect Online Adjustment Module allows users to electronically submit changes (adjustments) to previously processed claims. This feature allows users to correct claims where the original result of the claim's processing is not the correct outcome for the services rendered or where information was submitted incorrectly on the original claim.

### **Commercial and Medicaid Claims:**

We may need to create more than one online account for you if you need to submit both commercial and Medicaid claims. If you only select commercial or Medicaid for now, and you need to add the other in the future, please contact the EDI Helpdesk and we can make the appropriate updates for you. **If no option is checked, the default will be Commercial Only.**