

### AHS PROVIDER PORTAL ACCESS REQUEST

Thank you for requesting access to the AHS Provider Portal. Your facility information is required to create a user profile, please complete and submit form to [ppmanagement@accesshealthservices.com](mailto:ppmanagement@accesshealthservices.com)

\*Required Fields

<b>*Group/Clinic Name:</b>	
<b>*Group/Clinic TIN:</b>	
<b>*Group/NPI:</b>	
<b>*Contact Name:</b>	
<b>*Contact Email:</b>	
<b>Additional Pay To NPIs:</b>	
<b>*Billing Address:</b>	
<b>Additional Pay To NPIs Billing Address:</b>	

List the users below requested for the facility indicated above, please complete all user information. Email and mobile phone are required for user authentication.

Name	Email	Mobile Number

Next steps, submit your request form to [ppmanagement@accesshealthservices.com](mailto:ppmanagement@accesshealthservices.com). Upon receipt of your AHS provider portal request, the AHS User Administrator will contact you regarding the details of your user profile. **Expect the email notifications below:**

- “User Access Granted” email notification from AHS Administrator
  - Attached to this email is the current version of the AHS Provider Portal Training manual.
- To finalize the Provider Portal User profile, follow the instructions in the email received from [support@datagenix.com](mailto:support@datagenix.com).