



ADDENDUM "P"

Authorization / Removal of Prescribing Physician Representative Access Assignment

The following Provider Types do not qualify and should not apply: DME, Billing Services, Immunization Pharmacy, Home Infusion Therapy, and Ambulatory Infusion Centers

List your type " 1 " individual 10 digit NPI number, complete and sign the authorization section below, and send with the Secured Access application documents. Individual Secured Provider Service ID(s) are not required

For existing Provider Secured Services users, type in the Provider Secured Service ID(s) for each user you wish to allow to submit Pre- Authorizations

To view an example of submitting consecutive Provider Secured Service IDs, place the mouse pointer on an input field above.

Please list the Provider Secured Service ID(s) below for each user you wish removed from Pre-Authorization Access.

To view an example of submitting consecutive Provider Secured Service IDs, place the mouse pointer on an input field above.

To remove Pre-Authorization access, please provide the 10 digit individual NPI number: _____

Provider Name Associated with PIN#

Date

Name of Authorized Individual

Title of Authorized Individual

Signature of Authorized Individual

Do not use a signature stamp on the line above

Provider Tax ID Number

Provider Mailing Address

Contact Name: _____

Phone Number: _____

Send fax to: 1-800-495-0812