



Health Care Provider Web Access Authorization Form

SIF has valuable resources in the secure area of our website to assist your organization with claim processing. You must designate a Provider Administrator who will be able to view bills, EOBs, and search claim information as well as add, delete, and modify access for other users in your organization.

For authorization to access the secure portion of our website, please complete and submit this form. Upon receipt and processing, new users will receive a temporary password via e-mail.

I CERTIFY that I am a principal owner or managing authority of the health care provider(s) noted below and am authorized to request the State Insurance Fund issue username, password and provider administrator access to the following person named below.

I CERTIFY that the user designate(s) will have access to confidential information and that the unauthorized review, use, disclosure, or distribution of confidential information, could subject me and these users to possible civil and criminal penalties.

I understand that the Provider Administrator will have the ability to add and delete other users for our health care organization and it is the organization's responsibility to maintain said authorities. The State Insurance Fund is not responsible for unauthorized access granted by the administrator in your organization.

Signature of owner or managing authority

Date

Printed name and title

Phone

All information is required to process this request.

SIF Provider number can be found in the upper right-hand corner of all EOBs from us. We cannot use your EIN or TIN to establish a username.

SIF Provider No.: _____ Provider Name: _____

SIF Provider No.: _____ Provider Name: _____

SIF Provider No.: _____ Provider Name: _____

Full Name: _____

Title: _____

Email Address: _____

Desired or existing username: _____

Phone: _____

Submit by one of these methods:

Upload saved file to our website at: www.idahosif.org/document/upload

Email as an attachment to: webfax@idahosif.org

Mail to: State Insurance Fund, PO Box 83720, Boise, ID 83720-0044

NOTE: When we create a new user account, a temporary password will be sent to the email address provided. Upon processing, users will have desired access after log in.