



3M™ Health Information Systems (3M HIS) Dashboards AmeriHealth Caritas User Access Request Form

Complete this form to receive your credentials to access your dashboards. A completed form is required for each user.

Please email this completed form to _____ at _____
Name Email

or fax it to _____
Fax number

Please use the subject line "3M Dashboard."

Section I

Date:

Section II — Which kind of user are you? Please check one.

New user Existing user updating information Existing user requesting deletion

Section III — Please fully complete the below requester or account information.

Name:	Organization:	
Job title or role:		
Street address, city, state, ZIP:		
Phone:	Fax:	Email:

Your email address will become your user ID. To help ensure that we are continuing to protect our members' information, AmeriHealth Caritas is unable to approve access requests for users with publicly available email addresses (e.g., Gmail, Yahoo, Comcast). Email addresses must be controlled by the group, practice, or hospital provider.

Signature of requesting user (required):

Section IV — Group, practice, or hospital approver information (required).

Your request must be approved by a credentialed network provider.

Name:	Title:
Email:	Phone:
Signature of approver (required):	



Your email address: _____

Section V — Specify your type of practice.

Physician group or hospital group	Group name:
	Group ID:
Physician	Physician name:
	Physician ID:

Additional groups associated with this user request

Please provide information for access to additional group IDs associated with your tax ID.

Group name	Group number	Group ID number

Section VI — Which dashboards would you like to access?

- Medical home dashboard
 Quality Enhancement Program (QEP) dashboard
 Shared savings dashboard

Not all dashboards are available for each plan.

Section VII — Under which role are you requesting access?

- Integrated delivery system (IDS)
 Physician group
 Physician

Section VIII — Do you need single sign-on from NaviNet?

NaviNet User ID: _____

For internal use only

Section IX — AmeriHealth Caritas user access approver (required)

Name:	Plan name:
Signature of approver:	