

# ProvLink



## Request for Information Services/System Signon

***This section MUST be filled out completely in order for processing to take place***

Last Name		Office/Clinic Name
First Name	MI	Address
Phone #		City, St, Zip

***Two personal identifiers (PIDs) are required (last 4 digits of social security number and month and day of birthdate) Identifiers will be requested from you by PHS staff to confirm your identity. Identifiers should remain confidential.***

PID 1 - last 4 numbers of ss#:	PID 2 - Mo & Day of B-Date:
Role/Title:	E-mail:

When form is completed, please fax back to 503/574-8161 or mail:

Attn: Lori Easter  
Providence Health Plans  
PO Box 4327  
Portland, OR 97208-4327

### ***ProvLink Log-in and Password could not be processed for the following reason(s):***

- Signed Confidentiality Statement not received.
- Form not completed.
- Other: \_\_\_\_\_

Upon receipt of this form, a service request will be entered in to the PHS Work Request System and the access will be created. Each requester will be granted an individual login and password. The login and password are the responsibility of the individual and are not to be shared with another person.

If an office employee should terminate their employment, please notify your Provider Relations Representative immediately and the access will be discontinued. Audits will be conducted to verify that the access to ProvLink is still appropriate.

For assistance with forgotten passwords, please call the PHP Help Desk at (503) 574-7316. The Help Desk is available to assist you 24 hours a day and 7 days a week.