



# PROVIDER PORTAL ACCESS AND PASSWORD RESET APPLICATION

This form is to be completed by the provider office ONLY! The provider office is responsible for giving access information to their billing service.

Please check appropriate box.

- FORGOT MY PASSWORD.** Complete appropriate information below.
- CONTRACTED HAP PROVIDER**  
Access to all applications. **Note: RA can only be accessed with a Vendor ID and password.** Please complete information below for each provider in your office. Use separate page if necessary.

Please print

Individual Provider Name		Individual NPI	
Provider Group Name		Group NPI	
Tax ID			
Recent check number	Vendor ID (refer to recent RA or check)		
Street Address (including suite)			
City, State, Zip			
Contact Person Name			
Phone	Email	Fax	

- NON-CONTRACTED PROVIDER**  
Access to Claims and Remittance Advice only. Please complete information below.

Provider Name			
Individual NPI		Group NPI	
Tax ID			
Recent check number	Vendor ID (refer to recent RA or check)		
Street Address (including suite)			
City, State, Zip			
Contact Person Name			
Phone	Email	Fax	

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email completed form to [prelweb1@hap.org](mailto:prelweb1@hap.org).

**FOR HAP USE ONLY. We will contact you with your login and password.**

<b>INDIVIDUAL LOGIN INFORMATION</b>	Username/ID Number:  Password:
<b>VENDOR LOGIN INFORMATION (for Remittance Advice)</b>	Username/ID Number:  Password:
You must take all reasonable precautions to safeguard your ID and password. This ID allows the user to access confidential information. Such access is provided solely to facilitate the performance of legitimate business functions. Please ensure that you share your ID and password only with those individuals who require such access to perform legitimate business functions on your behalf. You remain responsible for any use, or misuse, of your ID and password by you or your employees and/or agents.	