



REQUEST FOR ACCESS TO REMITTANCE ADVICE

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.

NEW REQUEST
Access to Claims and Remittance Advice only. Please complete information below.

FORGOT MY PASSWORD
Please complete information below.

Please Print

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.

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

INDIVIDUAL LOGIN INFORMATION	Username/ID Number: Password:
VENDOR LOGIN INFORMATION (for Remittance Advice)	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.	