



USHL Provider Portal Access Application

Assigned IDs cannot be transferred to other Practices/Locations

To obtain access to the portal, all fields below should be completed, and this application returned to USHL.

Provider Name _____ Billing TIN _____

Practice/Facility Name _____

Address _____

City _____ State _____ Zip _____

Each Tax ID number can only have one administrator whose responsibility it is to notify USHL of portal user additions, changes and terminations. Please name an administrator for the TIN above:

Administrator Name _____

Email Address _____ *(Email Address must be provided to receive ID)*

Telephone Number _____

In the section below, identify the individuals who will need access to the USHL provider portal. All individuals using the portal must include email/phone number to receive a user name and password. User names and passwords will be emailed to individual user. User names and passwords must not be shared.

1	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
2	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
3	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
4	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>

Please complete second page of this application for additional users.

By signing this form, the Administrator has agreed to sole responsibility on behalf of any of the users above that are given access to the USHL provider portal for eligibility and claims information.

BOTH SIGNATURES ARE REQUIRED

_____	_____	_____
<i>Administrator Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Provider/Officer Signature</i>	<i>Title</i>	<i>Date</i>

Mail or Fax Completed Application to: US Health and Life Insurance Company (USHL)
 8220 Irving Road
 Sterling Heights, MI 48312
Fax: (586) 693-4321

If you have questions, please call: **888-211-1534**



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Provider Name _____ **Billing TIN** _____

Practice/Facility Name _____

In the section below, identify ADDITIONAL individuals who will need access to the USHL provider portal. All individuals using the portal must include email/phone number to receive a user name and password. User names and passwords will be emailed to individual users. User names and passwords must not be shared.

5	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
6	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
7	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
8	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
9	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
10	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
11	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
12	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
13	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
14	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
15	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>
16	_____	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>	<i>Telephone #</i>