P.O. Box 30192
Salt Lake City, UT 84130-0192
800-538-5054
selecthealthphysician.org

selecthealth

SelectHealth Secure Provider Tools
Login Application

Complete this form to request access to secure SelectHealth information including the Provider Benefit Tool for member information such as claims status, member eligibility, and plan information; Care Affiliate to view and submit preauthorization data; Reports to review Quality Improvement, Medical Home, and Population Health reports.

A. REQUESTOR INFORMATION (All fields required.)

Office Manager/Contact ______________________________

Medical or Dental Health Care Organization (HCO) Name (provider or practice) ______________________________

Tax Identification Number (TIN) ______________________________

Providers in Clinic ______________________________

____

Office Address ______________________________ City, State, ZIP ______________________________

Ph# (____) ______________________ Fax# (____) ______________________ Email ______________________________

B. USERS REQUESTING ACCESS

List all users in the office who are requesting access. (Additional spaces are available on next page.)

FULL LEGAL NAME	EMAIL ADDRESS	LAST 4 DIGITS OF SSN	DATE OF BIRTH (MM/DD/YY)	EXISTING USER ID If applicable	REQUESTED ACTION Indicate “New/Add” or “Remove” as well as which tool you are requesting.
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑

C. PLEASE NOTE: THE FOLLOWING IS REQUIRED

1. SelectHealth Information Technology Service Agreement (ITSA). If you have previously signed the ITSA, you do not need to submit a new ITSA with this application.

Email the completed application and ITSA (if applicable) to **providerwebservices@selecthealth.org**. If you have questions, include them in your email or call Provider Development at **800-538-5054** and select the Web Services option.

D. ADDITIONAL USERS

Office Manager/Contact ______________________________

Medical or Dental Health Care Organization (HCO) Name ______________________________

List additional users in the office who are requesting access.

FULL LEGAL NAME	EMAIL ADDRESS	LAST 4 DIGITS OF SSN	DATE OF BIRTH (MM/DD/YY)	EXISTING USER ID If applicable	REQUESTED ACTION Indicate "New/Add" or "Remove" as well as which tool you are requesting.
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑
					New/Add ❑ Remove ❑ Care Affiliate ❑ Reports ❑ Provider Benefit Tool ❑