

Memorial Hermann Health Plan Provider Portal Authorized User Access Request Form

Please carefully read and follow the steps below for access to the Provider portal.

Instructions:

- Complete and sign the form below, then you may email it to the Memorial Hermann Health Plan Web Security Team: mhhealthwebaccess@memorialhermann.org.
- To register, please access the Provider portal at <https://providerportal.memorialhermann.org>. Click the "Register Now" button and complete the process.



The screenshot shows the 'Provider Portal Login' interface. It includes a blue header with the title, two input fields for 'USERNAME' and 'PASSWORD', a link for 'Forgot your username or password?', and two buttons: 'Login' (orange) and 'Register Now' (dark blue). At the bottom, there is a link for 'Need help with Login or Registration?'.

Provider Name:	
Provider Tax ID Number(s):	
User First/Last Name:	
User Role Assignment Request:	<input type="checkbox"/> Corporate Security Administrator (CSA) <input type="checkbox"/> Provider <input type="checkbox"/> Office Manager (OM)
User Office Phone:	
Provider Group Practice Name(s):	
Provider NPI Number(s):	
User Date of Birth (mm/dd/yyyy):	
User Work Email:	

Role Assignment Details

Corporate Security Administrator (CSA) – Access to multiple TIN’s and manages the administration for multiple providers.

Provider – Access to one or more of their current TINs

Office Manager (OM) – Access to one or more of their current TINs and the ability to assign additional staff members access to the system.

Confidentiality

Your personal user name and password will authenticate your identity to the Provider portal, and should be kept confidential. All information contained in the Memorial Hermann Health Plan Provider portal is personal and must not be disclosed.

The following list includes a few examples of improper use in the MHHP Provider portal:

- Accessing a patient’s claims not related to current work responsibilities
- Using another person’s user name and password to gain access to any computer system
- Allowing another person to use a user name and password assigned to you
- Failing to log off at the end of a session, thus allowing another user to access data and perform actions in your account
- Using a computer program when another user is signed on

By signing this document, I agree to the following:

- I will immediately contact the Memorial Hermann Health Plan Web Security Team at mhhealthwebaccess@memorialhermann.org if I suspect that another person knows my username/password.
- And I will remove access for terminated staff members under my control so that they may no longer access the Memorial Hermann Health Plan Provider portal.

Print First and Last Name: _____

Signature: _____

Date: _____

Access to the Provider Portal will be granted within 3 to 5 business days.