ABS Automated
Benefit Services
AUTOMATED BENEFIT SERVICES, INC.

ABS 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 ABS.

Provider Name_____   **Billing TIN**_____

Practice/Facility Name_____

Address_____

City_____   **State**_____   **Zip**_____

Each Tax ID Number (TIN) can only have one administrator whose responsibility it is to notify ABS of provider 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 ABS 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.

1 _____   _____   _____
    Name (First, Last)   *Email Address*   *Telephone #*

2 _____   _____   _____
    Name (First, Last)   *Email Address*   *Telephone #*

3 _____   _____   _____
    Name (First, Last)   *Email Address*   *Telephone #*

4 _____   _____   _____
    Name (First, Last)   *Email Address*   *Telephone #*

*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 ABS provider portal for eligibility and claims information.
BOTH SIGNATURES ARE REQUIRED

_____   _____   _____
Administrator Signature   *Title*   *Date*

_____   _____   _____
Provider/Officer Signature   *Title*   *Date*

Mail or Fax Completed Application to: Automated Benefit Services, Inc. (ABS)
                                                                8220 Irving Road
                                                                Sterling Heights, MI 48312
                                                                Fax: (586) 693-4321
                                                                Email: abssupport@abs-tpa.com
If you have questions, please call: **(586) 693-4393**

ABS 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 ABS.

Provider Name   **Billing TIN**

Practice/Facility Name

In the section below, identify ADDITIONAL individuals who will need access to the ABS 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 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

6 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

7 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

8 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

9 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

10 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

11 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

12 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

13 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

14 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

15 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*

16 _____   _____   _____
   Name (First, Last)   *Email Address*   *Telephone #*