

**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 | _____                     | _____                | _____              |
|   | <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 ABS 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: Automated Benefit Services, Inc. (ABS)  
8220 Irving Road  
Sterling Heights, MI 48312  
**Fax: (586) 693-4321**

If you have questions, please call: **(800) 645-9978**

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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  | _____                     | _____                | _____              |
|    | <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> |