ABS Automated Benefit Services
AUTOMATED BENEFIT SERVICES, INC.

ABS Provider Portal Addition/Termination Form

Assigned IDs cannot be transferred to other Practices/Locations

To add or remove access to the provider portal, all fields below should be completed, and this application returned to ABS.

Provider Name_____ **Billing TIN**_____

Practice/Facility Name_____

Address_____

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

In the section below, identify the individuals who you wish to terminate access to the ABS provider portal.

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

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

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

In the section below, identify the individuals who you wish to give 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 user. 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 #*

By signing this form the administrator has agreed to sole responsibility for the access of any user above who accesses 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:
ABS for SmartHealth
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