



ABS LIN System Access Application

Assigned IDs cannot be transferred to other Practices/Locations

To be able to access the LIN system, all fields below should be completed and this application returned to ABS.

Provider Name: _____

Billing TIN: _____

Practice/Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Each TIN number can only have one administrator whose responsibility it is to notify ABS of LIN 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 LIN System*. All individuals using LIN 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:	_____	_____	_____
	<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 for the access of the any user above who accesses the ABS LIN system eligibility and claims information.

Administrator Signature Title Date

Provider/Officer Signature Title Date

Mail or Fax Completed Application to:
Automated Benefit Services, Inc. (ABS)
800 Tower Drive, Suite 300
Troy, MI 48098 Fax: **(586) 693-4321**

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

ABS LIN System Access Application Additional Users
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Provider Name: _____

Billing TIN: _____

Practice/Facility Name: _____

In the section below, identify ADDITIONAL individuals who will need access to the ABS LIN System. All individuals using LIN 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.

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>