



User Enrollment Form (PSW/Individual Provider)

Indicate Action: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Deactivate <input type="checkbox"/> Name/Login Change	
User Name: (Last, First MI) (<i>Print Name</i>)	Phone:
Job Title:	Provider ID (SPD or eXPRS):
Address: (<i>Mailing Address</i>)	City, State, Zip:
Already have an eXPRS login name?	E-mail Address:

INSTRUCTIONS: Send completed form to info.exprs@state.or.us or fax to 503-947-5357.

Add	Del	Role Name	Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	Provider POC Claims Manager	<u>View:</u> service authorizations <u>Create, Delete, Submit, Update, View, Void:</u> claims <u>View, Update:</u> limited provider data <u>Run:</u> various reports

Print Name	
Signature:	Date: <div style="text-align: center; font-size: 1.5em;">/ /</div>

Maintain form in local file for audit purposes.

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