



## Health Care Professionals Web-based Online Inquiry System Request

### HEALTH CARE PROFESSIONAL OFFICE INFORMATION

Purpose of Request	<input type="checkbox"/> New Organization Access Request
	<input type="checkbox"/> I don't remember if I registered / I need my login and password
	<i>Please provide your OAID Number for the following 2 requests</i>
	<input type="checkbox"/> Add Provider(s) to Organization Access ID: <input type="checkbox"/> Add User(s) to Organization Access ID:
Office / Practice Name	
Location Address City, State, Zip	
Billing Address (if different) City, State, Zip	
Office Main Contact Title	(first) _____ (last) _____ <input type="checkbox"/> Owner <input type="checkbox"/> Supervisor <input type="checkbox"/> Office Admin/Manager <input type="checkbox"/> Dept Coordinator
Contact Email Address	
Contact Phone and Fax	( ) _____ Ext: _____ Fax: ( ) _____

### REGENE BLUESHIELD OF IDAHO 12 DIGIT PROVIDER NUMBER(S)

*Required if enrolling for New Organization Access Requests or provider additions.*

*Attach a list or spreadsheet if needed.*

RBS ID(S)	PROVIDER NAME(S)	RBS ID(S)	PROVIDER NAME(S)
000010		000010	
000010		000010	
000010		000010	
000010		000010	
000010		000010	
000010		000010	

### USER(S) AND ASSIGNED ROLES

*User(s) must self-register online once OAID number has been provided.*

*User(s) must be registered before roles can be activated.*

Name(s) of User(s) Requesting Access	Eligibility & Benefits	Claim Status	Voucher Inquiry	Referral Submission & Inquiry
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>