

Wellmark BCBS Provider Payment User Access Request Form



3MHealthInformationSystems
575 Murray Blvd
Murray, UT 84123
Phone: 800-435-7776, Option
7 3MAcctMgmt@mmm.com
www.3Mhis.com

Access to the Wellmark tools, including the Document Libraries, must be governed by a fairly strict access policy to ensure that no PHI is inappropriately distributed to the wrong parties. Please follow these instructions to complete this form.

Access Form Instructions

- **Users:** Please complete all requested information by keying your information directly into the form. Then from your email account, send the completed document to your Facility Security Coordinator for approval.
- **Approvers (Facility Security Coordinators):** Please ensure that all pertinent information about the person for whom you are requesting access is complete.

To Approve

Option 1: You can apply your electronic signature in Section 3.1 in the User's form. Save the form and e-mail to: PaymentAccess@wellmark.com

Option 2: Print and sign the form in Section 3.1, then scan. Email from your email account the form to: PaymentAccess@wellmark.com

Access credentials will be granted to only those who have been appropriately approved.

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Date of Request: _____

New User Delete User

Section 1 - Requester/User Account Information

Name: _____

Organization/Clinic Name: _____

Street Address: _____

City, State, Zip: _____

E-mail Address:
(will be the user id) _____

Phone Number: _____

Job Title/Role: _____

Section 2 - User Role and Access Requirement

To what do you require access?

- Wellmark Hospitals - IA (Read Only Access)
- Wellmark Hospitals - SD (Read Only Access)
- Wellmark Facilities (Read Only Access)

Section 3 - Facility Security Coordinator Approver

Each facility has an established designated security coordinator with Wellmark. This individual must approve your access request. If you don't know who your facility's security coordinator is, contact PaymentAccess@wellmark.com

Name: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Approver Signature

Date

Section 3.2 Wellmark Approver

Wellmark Representative Signature

Date

Print Form