

# Client billing portal user request form

Add or removal

Type or print clearly. All fields are required in order for your request to be processed.

|   |     |
|---|-----|
| Date  |     |
| Name (First MI Last)  |     |
| Work email address  |     |
| Work phone number   |     |
| Office/facility name(s) and client/customer code(s you work with: |     |
| 1.  | 7.  |
| 2.  | 8.  |
| 3.  | 9.  |
| 4.  | 10. |
| 5.  | 11. |
| 6.  | 12. |

## Request to:

- Add new user account; check appropriate access needed:
- View invoices
    - Check here if you would like New Charge Report:  Daily  Weekly
  - Make payments
  - View request for missing/incomplete information
- Delete/Remove user account

Effective date: \_\_\_\_\_

*I understand that I am responsible for any computing activity carried out using this account. I am aware that applicable laws prohibit the disclosure of patient information without the patient's consent.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Sign, scan and email the completed form to:

AllinaHealthLaboratoryAccountRepresentatives@allina.com