

Client billing portal user request form

Add or removal

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

Date	
Name (First MI Last)	
Title/Position	
Work email address	
Work phone number	
Office/facility name(s) and client/customer code(s) you work with:	

Add new user

- Receive/view invoices
- Receive & respond to client information requests required for insurance billing

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 _____

Delete/remove user

- Effective date: _____

Signature _____ Date _____

Sign, scan and email the completed form to AHLOutreach@allina.com.