

WISCONSIN PROVIDER USER PORTAL ACCESS FORM

Use this form to register new users in the WINHRS portal. Please complete the Facility information section, along with applicable User sections.

After completing this form with the updated information, make sure to save it so that you can return the form to us by email (WINHRSHelpDesk@mslc.com). If email is not possible, you can fax to (317) 571-8481. If you have any questions regarding this request please contact the Myers and Stauffer Help Desk at (800) 763-2278.

NOTE: To find your **PUBLIC** IP address, from the computer you plan to use, connect to the internet and go to www.whatismyip.com. The page will display "Your IPv4 Address Is: ". If you have any trouble determining your **PUBLIC** IP address, please call the Help Desk at (800) 763-2278.

DO NOT INCLUDE ANY ADDRESSES FROM THE FOLLOWING PRIVATE IP RANGES:
10.0.0.0 – 10.255.255.255 | 172.16.0.0 – 172.31.255.255 | 169.254.1.0 – 169.254.254.255 | 192.168.0.0 – 192.168.255.255

PROVIDER NAME _____

PROVIDER ADDRESS _____

FISCAL YEAR END _____ **PROVIDER PHONE** _____

CORPORATE / CHAIN NAME _____

PROVIDER POP ID _____ **PROVIDER MEDICAID NUMBER** _____

OWNERSHIP For Profit Non-Profit Govt. Owned

User 1

Name: _____ Provider Corporate Contact Consultant

Phone: _____ E-mail: _____

Public IP: _____

User 2

Name: _____ Provider Corporate Contact Consultant

Phone: _____ E-mail: _____

Public IP: _____

User 3

Name: _____ Provider Corporate Contact Consultant

Phone: _____ E-mail: _____

Public IP: _____

Note – Chains with multiple providers may attach a supporting excel file of the above information in order to provide the information more efficiently. The access request for Consultants / CPAs must come from the provider.

Provider Signature (person authorized to grant access) Printed Name Title (of person signing form) Date