



S&S Management, Inc. (MSO)
 1020 S. Garfield Avenue, Alhambra, CA 91801
 Tel: (626) 943-7465 / Fax: (626) 489-4933



Healthcare Associates of California
 MSOExec WEB PORTAL ACCESS
 REQUEST FORM

* ***PRINT CLEARLY. INCOMPLETE FORMS WILL NOT BE PROCESSED *** *

Date: _____

Provider Information

Provider/Organization Name: _____

Provider Specialty: _____

Practice Location1: _____

Tel: _____ Fax: _____

Practice Location2: _____

Tel: _____ Fax: _____

Practice Location3: _____

Tel: _____ Fax: _____

TAX ID: _____

GROUP TAX ID: (If applicable): _____

NPI: _____

GROUP NPI: (If applicable): _____

Intended user information (The account created will be for the user below only. Print clearly):

First Name: _____ Last Name: _____

Your Position/Title: _____

Tel #: _____ Fax #: _____

Email Required: _____

 For S&S Management, Inc. Use only:

Date processed: _____

Processed by: _____

Verified address/tel/fax: _____

MSOExec Web Portal Request Form / Agreement for Web Portal Use

I (we) hereby request authorization from S & S Management, Inc. to use the web-based portal management system for the following;

- Authorization Requests
- Authorization Status
- Claims / Encounter submission
- Claims Status
- Eligibility Verification

I / We agree to employ reasonable security procedures to ensure the privacy, security, and integrity of data.

I / We hereby agree that the information submitted via MSOExec web portal is accurate, reliable and complete.

I / We agree to adhere to the HIPAA policies and procedures regarding patient privacy and the security of patient privacy and the security of patient information.

I / We read the above agreement and agree to comply with its terms as condition of access to MSOExec web portal.

Both names and signatures are required (if both the same person, complete both)

_____ Name of person requesting access (Printed)	_____ Signature	_____ Date
--	--------------------	---------------

_____ Authorized signer (Provider or Office Manager Name - Printed)	_____ Signature	_____ Date
---	--------------------	---------------

PLEASE EMAIL COMPLETED FORM (PAGES 1 AND 2) TO:
nacabilen@sandsmanagement.com
Or fax to: (626) 489-4933

+ As users of MSOExec Web portal system, it is required to sign a release form authorizing you and your staff to access the system. It is your responsibility to notify S&S Management, Inc. when an office staff member's login needs to be de-activated.