

# Essette portal access form

## Rocky Mountain Health Plans



To set up access, complete the following information, sign and email to [rmhppreauthsupport@uhc.com](mailto:rmhppreauthsupport@uhc.com) with the word **portal** in the subject line. Please allow 1-2 business days to receive access.

### \* Required field

Full name (print only):

Phone:

Ext.

Email:

One Healthcare ID:\*

Company/group or provider name(s) with tax ID number (TIN) **and** National Provider Identifier (NPI) number

(**Note:** We will need a list of providers if your office bills by provider, not group.)

1. Company/group or provider name(s):

TIN number:

NPI number:

2. Company/group or provider name(s):

TIN number:

NPI number:

3. Company/group or provider name(s):

TIN number:

NPI number:

4. Company/group or provider name(s):

TIN number:

NPI number:

### Address location(s) (if your provider services more than 1 location):

1. Address:

City:

State:

ZIP code:

2. Address:

City:

State:

ZIP code:

3. Address:

City:

State:

ZIP code:

Date completed:

