



**GreenTree Administrators  
Provider Web Access  
Request Form**

The following information is required to obtain access for on-line pre-certification & description of benefits. ***\*This form must be completed and signed by a supervisor, office manager, owner, or physician.***

Facility/Provider Name: \_\_\_\_\_

Federal TIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Department Name: \_\_\_\_\_

Type of Access Requested: **Benefits:** \_\_\_ **Claims Status:** \_\_\_ **Pre-Cert:** \_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***I agree to maintain the confidentiality of all member's personal health information and access to the website in compliance with federal regulations set forth in the Health Insurance Portability and Accountability Act of 1996.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Return by mail or fax with office stationary including your business heading. Include a copy of your current W-9. Fax or mail to:***

GreenTree Administrators  
Attn: Nancy Kelley, LVN, CMC  
P.O. Box 7306 Beaumont, TX 77726-7306  
Fax: 409-832-2301