

Passport Provider Portal Account Set-up Form

Please provide the following information to set-up your new provider portal account. Please indicate if you are an Office Administrator (primary user that can create, cancel or modify users) or Account User (secondary user that can view information in the portal).

Office Administrator Account User

1. User First Name _____

2. User Last Name _____

3. User Email _____

4. Tax ID _____

5. Group NPI _____

Please email this form to
ProviderInquiries@passporthealthplan.com
by [September 15, 2017](#) to have your account
set-up and ready to use [October 1, 2017](#).

