

**Complete this form to receive your credentials to access your dashboards. A completed form is required for each user.**

Please email this completed form to \_\_\_\_\_ at \_\_\_\_\_  
Name Email

Please use the subject line "3M Dashboard."

**Section I**

Date:

**Section II — Which kind of user are you? Please check one.**

New user     Existing user updating information     Existing user requesting deletion

**Section III — Please fully complete the below requester or account information.**

Name:		Organization:	
Job title or role:			
Street address:			
City:		State:	ZIP:
Phone:	Fax:	Email:	

**Your email address will become your user ID. To help ensure that we are continuing to protect our members' information, Select Health is unable to approve access requests for users with publicly available email addresses (e.g., Gmail, Yahoo, Comcast, etc.). Email addresses must be controlled by the group, practice, or hospital provider.**

Signature of requesting user (required):

**Section IV — Group, practice, or hospital approver information (required)**  
 Your request must be approved by a **credentialed network provider**.

Name:	Title:
Email:	Phone:

Signature of approver (required):

# 3M™ HIS Dashboards — User Access Request Form

## Section V — Provide your information.

Physician/hospital group	Tax ID Name:
	Tax ID:

## For Group ID Level Access only — Provide Group ID Information in this area only

(Your Account Executive can provide assistance with this information.)

Group name	Group number	Tax ID number

## Section VI — Which dashboards would you like to access?

- Select Health HEDIS® dashboard     Select Health HEDIS®-TIN level dashboard  
 PCP/QEP dashboard     Medical Home dashboard (PPE)     Shared Savings dashboard

## Section VII — Under which role are you requesting access?

- Integrated delivery system (IDS)     Physician group

## Section VIII — Do you need single sign-on from NaviNet?

NaviNet user ID:

## For internal use only

### Section IX — Select Health user access approver (required)

Name:	Plan name:
Signature of approver:	