

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

or fax it to _____
Fax number

Please use the subject line "Dashboard."

Section I		
Date:		
Section II — Which kind of user are you? Please check one.		
<input type="checkbox"/> New user <input type="checkbox"/> Existing user updating information <input type="checkbox"/> 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):	

Treo Solutions Dashboards — User Access Request Form

Your email address: _____

Section V — Provide your group information.

Physician group/hospital group	Group name:
	Group ID:

Additional groups associated with this user request

Please provide information for access to additional group IDs associated with your tax ID.

Group name	Group number	Tax ID number

Section VI — Which dashboards would you like to access?

Select Health HEDIS® dashboard Other

Section VII — Under which role are you requesting access?

Integrated delivery system (IDS) Physician group

For internal use only

Section VIII — Select Health user access approver (required)

Name:	Plan name:
Signature of approver:	