GA BEHAVIORAL HEALTH PROGRAM
Internet-Based Electronic Registration System (ERS)
Online Authorization Entry
ACCESS REQUEST FORM

PLEASE PRINT

Agency Name: _____

Address: _____

City, CT Zip Code: _____

Trainee Name: _____

Contact Phone: _____

Contact Fax: _____

Contact Email: _____

Date requested: _____

****Please use one form per person.*

Trainee Name (First, Middle Initial, Last)

_____

Electronic Registration System:
- ☐ One Site
- ☐ Multiple Sites

Trainee Name (First, Middle Initial, Last)

_____

- ☐ Submit Batch *Please choose only one batch type*
- ☐ 837I (UB-04) ☐ 837P (HCFA-1500)
- ☐ Retrieve Responses (Error files/835s)

Claim Inquiry/Claim Data Entry:
- ☐ One Site
- ☐ Multiple Sites

Facts to know when registering for access

- Agency staff must receive a small amount of training in order to obtain their own login and password.
- To better ensure confidentiality and integrity of the system, *each* staff member using the electronic registration/review system or claims submission/inquiry must have their own login and password.
- For agencies with multiple site locations (for ERS and/or Data Entry/Claims Inquiry), staff may obtain a login/password that allows them to perform functions for one site only or for all active sites of the same agency.
- Upon request, Advanced Behavioral Health, Inc. will provide a list of agency staff possessing active access, but will not release actual login and password information.
- Questions or concerns -- please contact ABH toll-free at 1-800-606-3677 Option 3.

Please FAX completed form to:	**Or mail completed form to:**
(860) 704-6145	GA Behavioral Health Program c/o Advanced Behavioral Health, Inc. 213 Court Street 8th Floor Middletown, CT 06457 Attn: Provider Relations Dept.

Supervisor's Signature:_____

Supervisor's Phone: ( ) -

This form can be photocopied for additional trainee names and/or future training requests.

Revised 2009/1