

**BH Provider Latitude 43 User Account Form**

*HealthWest delegates responsibility for credentialing and re-credentialing of employed and subcontracted direct service providers to contracted provider organizations. Credentialing and Re-Credentialing carried out by provider organizations must uphold all contractual requirements and be done in accordance with HealthWest policies and MDHHS Credentialing and Re-Credentialing Processes. Please see* [*www.healthwest.net/providers*](http://www.healthwest.net/providers) *for more information.*

**Instructions:**

1. A Manager or Supervisor must complete this form to request access for their employee or to make any changes or removals of existing employees.
2. Once completed, please send via e-mail to latitude43support@healthwest.net

[ ] New Account Request [ ] Change Request [ ]  Deactivate Employee

**Organization Name:**       Date:

Site Location where employee will be working:

**SYSTEM ACCESS**

Employee Name:       E-mail Address:

NPI:       [NPPES NPI Registry (hhs.gov)](https://npiregistry.cms.hhs.gov/)

**Please select one option if new account request:**

[ ]  Requires access to the system for billing purposes <https://w3.pcesecure.com/cgi-bin/WebObjects/HLWAdmin>

[ ]  Set up as Rendering Provider only for billing purposes/staff will not need a user ID or access to EMR

[ ]  Requires access to clinical documents including CANS, Authorizations, IPOS, and Biopsychosocial for either viewing/administrative purposes or clinical documentation.

**APPROVAL**

User’s Supervisor: By signing this form, I approve the access request and certify that this user requires access to be added or changed (as indicated in this form) to perform their job duties. I agree to notify HealthWest when employee access approvals need to be updated or discontinued (position change, end of employment, etc.).

Supervisor: \*

[ ]  \*I understand that checking this box constitutes as your official signature.

**For HealthWest Use Only**

Complete and return this form to the requesting provider as verification.  Maintain in Provider Contracts file.

[ ]  Latitude 43 Setup/Update/Deactivation Complete

Provider Employee Username (if not rendering provider):

[ ]  Denied - Additional Information Needed:

HealthWest Staff:

Printed Name Date