



ClaimsBridge User ID Request Form

Please print this form on your letterhead, provide the information which is requested and

FAX the completed form to 410-349-2995 or Email to lburgess@claimsbridge.com

If you are a Provider:

Practice Tax ID (9 digits): _____

Practice NPI (10 digits): _____

If you are a Network or TPA:

Name of Company: _____

Please fill out the required fields:

Name: _____

Email: _____

Date of Birth: _____

Position/Job Title: _____

Phone number & extension: _____

Manager's Name: _____

Manager's Position/Job Title: _____

Manager's number & extension: _____

For ClaimsBridge use only:

User ID: _____

Date assigned: _____

Assigned by: _____