

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 scanned signed form to mhom@claimsbridge.com

Practice Tax ID (9 digits): _____

Practice NPI (10 digits): _____

Your Name: _____

Your Position/Job Title: _____

Phone number & extension: _____

Email: _____

Manager's Name: _____

Manager's Position/Job Title: _____

Manager's number & extension: _____

For IHS use only:

User ID: _____

Date assigned: _____

Assigned by: _____