



## 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 [mbarrios@claimsbridge.com](mailto:mbarrios@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: \_\_\_\_\_