



Maryland Additional Login
Account Request Form

Required fields are marked with an asterisk. *
Fax completed form to **866-698-6032**.

*Name of staff member

*Address

*City

*State

*Zip Code

()

*Telephone Number

()

Fax Number

*Please check which Online Provider Services options you would like to have access to:

- ☐ Electronic Batch Claims Submission (Claim batch file uploads) ☐ Direct Claims Submission (Directly on website)

Automatically included:

- ☒ Eligibility Inquiry ☒ Claim Status Inquiry
☒ Authorization Inquiry & Submission

@
* Staff member's contact e-mail address – Please print

@
E-mail address where you would like to receive your batch submission file feedback. - Please print.

- ☐ This is for a new login ID
☐ We are adding a provider number to an existing Additional Login. Existing Login ID: _____

*Please list the names and provider number of all the providers you will need access to with this account (Online Provider Services Account Request Forms must have been previously submitted, or with this form):

Provider Name	Provider ID	Provider Name	Provider ID
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Agreement Terms:

- A. The undersigned submitter authorizes ValueOptions to receive and process claims or batch registration submissions via the ValueOptions Electronic Transport System (ETS) or ValueOptions Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- C. The Submitter agrees to comply with any laws, rules and regulations governing the ValueOptions Online Provider Services/EDI program.
- D. The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with ValueOptions.
- E. This is to certify that an exact copy of any claim files submitted via the ValueOptions ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.

Signatures:

Legal name of Organization

Title of individual signing for organization

*Name of Individual Signing for Organization

*Authorizing Signature

*Date