



## Online Access Registration Form for Master Administrator User Account

MDX Hawaii's online access for providers is only available to providers who are contracted as MDX Hawaii Preferred Providers. By completing this form, you are requesting to be a Master Administrator for the provider with the Tax ID Number(s) noted below. A Master Administrator will have the ability to perform the following functions:

- Create or disable a User account (including any billing service)
- Change or update an account
- Change or re-set an account password
- Assign permissions for each User account
- Assign sub-administrators for the Tax ID Number(s) listed below. Sub-administrators are only able to view and edit the accounts they have created. Examples of sub-administrators are other departments within a facility, billing companies, etc.
- View and make changes to any of the accounts listed under the Tax ID Number(s) below.
- Have access to all of the users for the Tax ID Number(s) listed below.

A maximum of two (2) Master Administrators is allowed per Provider or Group Practice. Please complete this form and send it to MDX Hawaii.

**Step 1: Provider Information:** Name of the Provider or Group Practice you are requesting online access for:

Provider Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Primary Practice Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

**Step 2: Tax ID Number(s):** Please provide the Tax ID number(s) and the associated practice name(s) that you are requesting on-line access to:

Authorized Tax ID number(s)	Group or Office Name(s)

**Step 3: Designation of Master Administrator:** Please provide the information for the people you are designating as the Master Administrator for the provider's online account. A maximum of two (2) Master Administrators is allowed per Provider or Group Practice. MDX Hawai'i will set-up the Master Administrator account. In order to set-up the account, please provide a User ID. The User ID must be at least six characters in length and can only contain letters and numbers (e.g. MyUserID1).

Last Name, First Name	Title/Position	User ID	E-mail Address	Phone

\*MSO = Management Service Organization

**Step 4: Provider Authorization**

By signing, you agree that you have the legal authority to authorize the above user(s) to access MDX Hawai'i Online access for the provider stated above. You agree that the all authorized users will abide by MDX Hawai'i's Confidentiality Policy, Federal and State regulations applicable to patient privacy, and the confidentiality requirements stated in the Provider Administrative Guide. Any violations of these policies, regulations, or requirements may result in loss of privileges, termination of rights, and/or fines. The violations may also be reported to the proper Federal and State regulatory agencies.

Provider/Group X \_\_\_\_\_  
 (Signature)

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Provider/Group Name: \_\_\_\_\_

**Step 5: Send the completed form to MDX Hawai'i:**

Please return the completed form to MDX Hawai'i:

- 1) EMAIL: ProviderOps@MDXHawaii.com
- 2) FAX: 808-532-3396 - Provider Network Operations

➤ Upon receipt of this form, we will verify the information you have provided. Once the information is verified, MDX Hawai'i will set up the Master Administrator account and send an e-mail with a temporary password to the person(s) listed in Step 3. When that e-mail is received, the Master Administrator logs in and then creates the Users for each Tax ID number. For detailed information, log into our website at [www.mdxhawaii.com](http://www.mdxhawaii.com), click on "Help Center" → "How To..." → "Register for Online Access and Use Our Administrator Tools."

If you need assistance with completing this form, please call your Provider Network Coordinator directly or our Provider Services Call Center at 532-6989 on Oahu, or 1-800-851-7110 toll-free from the Neighbor Islands.