



Provider Portal Administrator Application Form

Administrator: A person who will have the ability and responsibility to set up users, assign user permissions, activate, and inactivate users accessing the portal within your organization.

Please note: This application is to obtain access to the Includa Provider Portal, where authorization details are housed. Access to the portal will be completed as part of the contracting process. If you have not yet started the contacting process with Includa, please outreach to Provider Relations at 1.877.622.6700, option 2, option 3, or by email at providerrelations@includa.org .

Please fill out this form and return it to us using one of the following methods:

- Email: ACS-ResourceTeam@includa.org
- Fax: 1-866-880-0551
- Mail: Includa, Inc.
2801 Hoover Rd.
Unit 3
Stevens Point, WI 54481

Organization Information

Organization Name:		
Organization Tax ID / EIN *:		
Office Address:		
City:	State:	Zip:
Office Fax:		
Office Phone:		

*Only numbers are allowed in this field

Administrator Information

Identify one administrator per agency. This user will have the ability to create additional administrator roles for the organization.

First Name:	Last Name:
Job Title:	Work Phone:
Email*:	
Preferred Username (do not use email address):	

*A confirmation email including your official username and temporary password will be sent to this email address. You will be prompted to change your password the first time you log in to the portal.

Date Form Completed:
Name of Person Completing Form:
Phone Number (if different from Administrator above):

Please refer to this video if you have any questions regarding your location permissions within the Includa Provider Portal:

[includastaticfiles.z14.web.core.windows.net/datafileexport/PortalResources/Provider Portal Managing User Group s.mp4](http://includastaticfiles.z14.web.core.windows.net/datafileexport/PortalResources/Provider_Portal_Managing_User_Groups.mp4)