



WEB PORTAL ADMINISTRATOR CHANGE FORM

Please fax this request form to **(855) 275-3035**.

***Fax request must be made on your facilities letterhead.
Ensure all information above is complete to prevent further delay of your request.***

***** Items with red stars are required information for request completion
Failure to complete the form in full will delay processing
Processing will be completed within 48 hours***

Current Administrator Group Information:

**Facility Name (s):	
**State	
**Tax ID Number:	
**Group NPI Number:	
**State the reason for the change: <i>See Below</i>	
**Current Web Portal Administrator Name:	
Current User ID (if known):	
Email address for current user (if known):	
**Is this Email address currently being used with Web Portal?	
**Contact phone number:	

New Administrator Group Information

If the information is the same as above leave blank

Facility Name (s):	
Tax ID Number:	
Group NPI Number:	
**Name of New Web Portal Administrator:	
**Email address for New Administrator:	
**Is this Email address currently being used with Web Portal:	
**Will this user be one of the Host Administrators for this facility?	
**Contact phone number:	

Business reason for Web Portal Administrator Change:

- ☐ Previous Web Portal Admin is no longer with the company.
☐ Current Web Portal Admin would like to transfer this responsibility.
☐ Current Web Portal Admin is on Vacation or Medical Leave.

Other: _____

By signing this form, you are agreeing that the information is accurate and that you have the authority to make such changes.

Manager Name: _____

Title: _____

Email Address: _____

Phone #: _____

***Authorized by (please sign here):** _____

***Must be signed by Office Manager or Provider**

Note: Once we have received and processed this form, further instructions will be sent to the email address listed to complete your request. If you have questions, contact your Molina Provider Services Representative.