



User Enrollment Form (Individual PSW Provider (DE or BC))

Provider Types: 74-749, 83-710, 83-711, 84-800, 84-801, 84-803

* Indicate Action: <input type="checkbox"/> Add User <input type="checkbox"/> Modify User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Change of Info	
* User Name: (Last, First MI) (<i>Print Name</i>)	* Already have an eXPRS login name?
* Job Title:	* Provider Number(s) (SPD or eXPRS):
* Address: (<i>Mailing Address</i>)	* City, State, Zip:
* Phone Number:	* E-mail Address: (<i>must be your unique email address; it cannot be shared with another eXPRS user</i>)

INSTRUCTIONS: * Indicates required fields. Incomplete forms cannot be processed.
 Send completed form to info.exprs@state.or.us or fax to 503-947-5044.

If the form is complete and your provider record is active, your form should be processed within a week. In some instances, it may take longer; please be patient. Once your account has been created, you will receive two emails from info.exprs@state.or.us. The 1st email contains generic information and includes several attachments. The 2nd email will be secured, and includes your login name and temporary password. NOTE: Unless you already have one, you will have to set up an account with DHS' secure email system. If you need assistance with a secure email, please contact the DHS Service Desk at 503-945-5623 and choose option 3.

If you have not received an email within one week, please check your junk or spam folder. If it is not received within 10 days, please send an email to info.exprs@state.or.us to check on the status.

Add	Del	Role Name	Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	Provider PSW/DE/IC/BC Claims Manager	View: Claim, Client, Plan of Care, Provider, PSW Menu, Service Authorizations, Service Element Create, Delete, Submit, Update, View: Service Delivery, Travel Time Run: Report – Client Service Authorization

Print Name	
Signature:	Date: / /

Keep a copy of this form for future reference.