



# Individual Provider – PSW or BC User Enrollment Form

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

**INSTRUCTIONS:** \* Indicates required fields. Incomplete forms cannot be processed.

- Send completed form to [info.exprs@state.or.us](mailto: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, but may take longer; please be patient.

Once your account has been created, you will receive two emails from [info.exprs@state.or.us](mailto:info.exprs@state.or.us):

- The 1<sup>st</sup> email contains generic information and includes several attachments.
- The 2<sup>nd</sup> 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](mailto:info.exprs@state.or.us) to check on the status.

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

Add	Del	User Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider PSW/IC/BC Claims Manager</b> – able to <u>Create/Submit/View</u> Service Delivered (SD) billing entries; able to <u>Create/Submit/View</u> PSW Travel Time claims; able to view Service Prior Authorizations (SPAs), PSW credential information, claims and payment information; able to print PSW timesheets.

*Print Name	
*Signature:	*Date: / /

**Keep a copy of this form for future reference.**