

## Other Contractor User Enrollment Form

Incomplete or illegible forms will not be processed. An asterisk indicates required fields. Maintain form in local file for audit purposes. Send completed for to [Info.eXPRS@odhsoha.oregon.gov](mailto:Info.eXPRS@odhsoha.oregon.gov) or fax to (503) 947-5044.

### Select Action

 **Add User**
 **Modify User**
 **Deactivate User**
 **Change of Information**

### User Information

\*User's Name: (Last, First MI)

eXPRS Login Name:

\*Job Title:

\*Provider Number and/or Name of Organization:

\*Organization Address: (*Mailing Address*)

\*City, State, Zip:

\*Phone Number:

\*Email Address:

## Other Contractor User Roles

ADD	DEL	User Role	Description
<input type="checkbox"/>	<input type="checkbox"/>	<b>Contractor eXPRS View Only</b>	<ul style="list-style-type: none"> <li><b>View:</b> Budget Allocation Item, Budget Allocation Worksheet, Claim, Individual, Client Liability Account, Client Prior Auth, Contract, DD Eligibility, Encounter, Program Area Limitation, Program Code, Provider, Provider Prior Auth, Provider Service Location, Rate, Service Element, Service Eligibility, SEPA Approval Unit, SEPA Line Item</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Contractor FI Viewer</b>	<ul style="list-style-type: none"> <li><b>View:</b> Claim FMAS, Provider Liability Accounts, Service Elements</li> </ul>

<input type="checkbox"/>	<input type="checkbox"/>	<b>State Viewer OHCC</b>	<ul style="list-style-type: none"> <li>• <b>View:</b> Limited Individual and provider information, Plan of Care, Service Prior Authorizations, Service Delivered Billing Entries, claims</li> <li>• <b>Run:</b> CHC PEA Expiring, Provider Status, Employer Relationships report</li> </ul>
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<b>Signatures Required for All Roles</b>		
<b>Manager:</b> <i>(Print Name)</i>	<b>Phone Number:</b>	<b>Ext.:</b>
<b>Manager Title:</b>	<b>Email Address:</b>	
<b>Manager Signature:</b>	<b>Date:</b>	