



**Sendero Health Plans
Web Portal Agreement**

Sendero Health Plans grants access to the web portal to each provider organization. I, the undersigned, request access to the Sendero Health Plans web portal on behalf of the provider office or facility shown below for the purposes of: (1) verifying Sendero member eligibility, (2) verifying the status of claims submitted to Sendero, and (3) other functionalities that may be provided in the future. As part of this access, I acknowledge and agree to the following terms and conditions:

(1) To assign a portal administrator to be responsible for adding, changing, and terminating portal access as staff turn-over occurs for the staff and employees of this organization.

(2) To ensure that terminated or resigning staff or employees shall have their access to the portal de-activated concurrent with their departure from our organization.

(3) To ensure with all reasonable and effective efforts that the information contained in the portal will be treated as confidential and used solely for purposes authorized by applicable laws, rules and regulations, including, but not limited, the Health Insurance Portability and Accountability Act with regard to Personal Health Information.

(4) To notify the Provider Relations Department immediately of a change in this organization's assigned portal administrator.

(5) Subsequent to initial set-up and training of applicable staff by Sendero, to ensure that new or additional staff or employees given access to the portal by this organization are trained on how to use the portal using training materials provided by Sendero.

Signed by: _____ Date: _____

Printed Name: _____

Practice or Facility Name: _____

Portal Administrator: _____

E-Mail Address of Portal Administrator: _____

Telephone Number of Portal Administrator: _____

TAX ID: _____



**Sendero Health Plans
Web Portal Registration Form**

For correct set-up and easy access to the Web Portal please provide Sendero Health Plans with the information below and return with your signed Web Portal Agreement.

Practice Name	Tax ID
Address	Phone
Primary Contact Name	Fax
Email Address	
Provider Name(s):	

Depending on the user type, there are three roles that a user can have. One of the following must be selected for each employee:

- Provider Super User – access to all member information as well as administrative rights
- Provider View – access to member eligibility and claims status
- Eligibility View – access to member eligibility information only

1) Employee Name
Email Address
Please select employee role: <input type="checkbox"/> Provider Super User <input type="checkbox"/> Provider View <input type="checkbox"/> Eligibility View

2) Employee Name
Email Address
Please select employee role: <input type="checkbox"/> Provider Super User <input type="checkbox"/> Provider View <input type="checkbox"/> Eligibility View

3) Employee Name
Email Address
Please select employee role: <input type="checkbox"/> Provider Super User <input type="checkbox"/> Provider View <input type="checkbox"/> Eligibility View

Submit completed form via fax to (512) 901-9704 or e-mail at providers@senderohealth.com