Anthem Health. Join In.

Dental Billing Reports Online User Request Form

Please enter your information below and e-mail to **askbilling@anthemdentaladmin.com** or mail to Anthem Dental, Attn: Billing and A/R, PO Box 1171, Minneapolis, MN 55440-1171.

- You will be notified by e-mail when your username and password is available.
- One request form should be submitted per individual and one username and password will be issued per individual.
- If you currently have a Username and Password for Online Enrollment or Directory Download and wish to use them for Billing Reports Online, please enter the information in section # 5.

COMPANY INFORMATION	
#1) Main Company Contact Name (Please Print) _____ Main Contact Phone Number _____-_____-_____ Main Contact Address _____ _____	**#2)** Date of request: _____ _____ Authorized Signature Note: Person in your organization with proper authority to request billing information must sign this request.
USER INFORMATION (for some companies, may be the same as main company contact)	
#3) User's name and Job Title (person using the secured portion of the site): _____ _____ User Phone Number: _____-_____-_____ User E-mail: _____	**#4)** Account/Group Name: _____ Account Number (10 digit number from statement) _____
#5) Are you a current user of Online Enrollment or Directory Download Yes _____No _____ If yes, and you would like the same Username and Password to access Billing Reports Online, enter your current Username. _____ Current Username	**#6**) Subgroup Numbers (If you have questions on completing this section, please call the Billing Department at 1-877-606-3409.) _____ _____ _____ _____ _____ _____ _____ _____ _____
USER PASSWORD INFORMATION—to be filled in by Anthem	
#7) Authorized: Yes ☐ No ☐ Incomplete Form ☐ Billing Reports Username (to be completed by Anthem): _____	**#8)** Password (to be completed by Anthem): _____ Reviewed/Authorized By: _____

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OBLIGATIONS:

Recipient Party acknowledges the confidential nature of Billing and Subscriber Information and agrees that it shall:

(a) not disclose Billing or Subscriber Information to any employees of Recipient Party who do not have a reasonable need for such information in order to accomplish the permitted use;

(b) instruct all employees who have access to Billing or Enrollment Information of the necessity to maintain the confidentiality of such information and to comply with applicable confidentiality policies;

(c) except as expressly allowed, not disclose, directly or indirectly, in whole or in part, to any third party any Billing Information without the prior written consent of Anthem;

(d) cause appropriate proprietary rights and confidentiality notices, markings or legends to be placed upon Billing Information; and

(e) maintain reasonable and customary procedures to ensure compliance with the terms of this Agreement.

In addition, Recipient Party agrees to comply with such security measures requested by Anthem with respect to disclosure of Billing Information, including but not limited to requirements that individuals accessing Billing or Subscriber Information utilize an identification username and password in doing so.

TERMINATION:

This Agreement shall continue in effect until terminated. Either party may terminate this Agreement at any time by giving written notice thereof to the other party at the address set forth above. Termination shall become effective within thirty (30) days following receipt of the notice or any later date stated in the notice.

The Recipient party's assumes all responsibility of changes to security and any potential impact due to failure to notify Anthem in a timely manner.