

SOONERCARE PROVIDER PORTAL ACCESS FORM

(This form is NOT to be used for Clerk Accounts)

Date: _____ Requester Contact Name: _____
Contact Number: _____ Email Address: _____
(include area code)

☐ By checking this box, you acknowledge and agree that you have been authorized and have legal authority to request secure account information on behalf of said provider. In no event will Gainwell Technologies be liable for any losses or damages including without limitation, indirect or consequential losses or damages arising from this request.
Note: this request will not be processed if the acknowledgment box above is not checked.

- Save as PDF and send attached to: SoonerCareInternetHelpDesk@gainwelltechnologies.com
- Requested information will be emailed to the appropriate contact on file.
- If you are NOT the Provider Admin, you must add the Provider's personal or business email to this request.
- This form can be utilized for multiple requests. (Multiple forms may delay timeframe of response.)
- PLEASE ALLOW A MINIMUM OF 48 HOURS FOR PROCESSING.

Request 1:

Reason for Request: (check all that apply)			
<input type="checkbox"/> User ID	<input type="checkbox"/> Temporary Password	<input type="checkbox"/> Challenge Questions	<input type="checkbox"/> Pin Letter
Individual or Group Name:			
Provider Email:			
Individual or Group SoonerCare Provider #: (Example: 100000000A)		Individual or Group NPI:	
Provider Type:			
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Request 2:

Reason for Request: (check all that apply)			
<input type="checkbox"/> User ID	<input type="checkbox"/> Temporary Password	<input type="checkbox"/> Challenge Questions	<input type="checkbox"/> Pin Letter
Individual or Group Name:			
Provider Email:			
Individual or Group SoonerCare Provider #: (Example: 100000000A)		Individual or Group NPI:	
Provider Type:			
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Request 3:

Reason for Request: (check all that apply)			
<input type="checkbox"/> User ID	<input type="checkbox"/> Temporary Password	<input type="checkbox"/> Challenge Questions	<input type="checkbox"/> Pin Letter
Individual or Group Name:			
Provider Email:			
Individual or Group SoonerCare Provider #: (Example: 100000000A)		Individual or Group NPI:	
Provider Type:			
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Request 4:

Reason for Request: (check all that apply)			
<input type="checkbox"/> User ID	<input type="checkbox"/> Temporary Password	<input type="checkbox"/> Challenge Questions	<input type="checkbox"/> Pin Letter
Individual or Group Name:			
Provider Email:			
Individual or Group SoonerCare Provider #: (Example: 100000000A)		Individual or Group NPI:	
Provider Type:			
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Request 5:

Reason for Request: (check all that apply)			
<input type="checkbox"/> User ID	<input type="checkbox"/> Temporary Password	<input type="checkbox"/> Challenge Questions	<input type="checkbox"/> Pin Letter
Individual or Group Name:			
Provider Email:			
Individual or Group SoonerCare Provider #: (Example: 100000000A)		Individual or Group NPI:	
Provider Type:			
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			