

Application for Online Resources

Group Name: _____

Group Number: _____

Please complete the following to provide and/or change access in Online Resources.

Subgroup Access: Named contact/contacts will receive access to the specified subgroup/subgroups.

Online Eligibility: Named contact/contacts will receive access to *view and/or modify* eligibility in Online Resources.

View Only: Read-only access to online eligibility.

Modify: Ability to make changes through online eligibility.

Billing: Named contact/contacts will receive access to billing.

E-Bill: Access to receive the invoice through email.

Bill by Fax: Access to receive the invoice by Fax.

An email address is required for each contact requesting access to Online Resources.

Enter the information for each contact that is to receive online access through Online Resources. If a contact should have access to all subgroups then enter "ALL" in the box. Select each type of access. You may choose one method of invoice receipt (E-Bill or Fax). An email address is required. Add the fax number if selecting Bill by Fax.

Contact Name	Online Resources User Name if previously assigned	Subgroup(s) Access	Select One Online Eligibility		Select One Billing		Email Address required. Please add Fax Number if selecting Bill by Fax.
			View Only	Modify	E-Bill	Bill by Fax	

I _____, an authorized representative for _____, approve access to our account for the persons named above. Through the selection of the above options, I agree my company will receive our monthly bill from Delta Dental via the above selected option and will remit payment as selected above.

Signature: _____ Date: _____

For processing, please submit the completed form to ClientRelations@DeltaDentalOK.org.