

# 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(s) will receive access to the specified subgroup(s).

**Online Eligibility:** Named contact(s) 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(s) 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 contract requesting access to Online Resources.**

Enter the information for each contract that is to receive online access through Online Resources. If a contract 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 person(s) named above. I understand that it is the responsibility of our company to submit written notification to Delta Dental of Oklahoma if a user's access to Online Resources needs to be terminated.\* Through the selection of the above options, I agree my company will receive our monthly bill from Delta Dental via the above selection option only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*A Group Change Form is available on Online Resources and completed forms may be submitted to [ClientRelations@DeltaDentalOK.org](mailto:ClientRelations@DeltaDentalOK.org) by a current authorized contact for our company.

For processing, please submit the completed form to [ClientRelations@DeltaDentalOK.org](mailto:ClientRelations@DeltaDentalOK.org).