

Complete the below information, sign and email with the word “Portal” in the subject line to RMHPPreAuthSupport@uhc.com to set up your access.

Please allow 1-2 business days to receive access

Full Name (Print only): _____

Phone #:_____ Ext: _____ Email:_____

OneHealthcare ID(OHID) (*this is required to complete your request*):_____

Company/Group or Provider’s name(s) with TIN **AND** NPI #:

(Note: We will need a list of providers if your office bills by provider not group)

Address/Location(s) (If your provider services more than one location):

Date Completed _____, 20__.