



Vendor View Provider Enrollment Form

Please Type or Print

1. **Provider Name** _____
2. **Are you presently using Vendor View** No Yes, with Waiver Agent _____
3. **Address** _____
4. **City** _____
5. **State and Zip Code** _____
6. **Telephone** (_____) _____
7. **Contact Person** _____
8. **Contact Person Telephone** (_____) _____
9. **Contact Person E-Mail** _____ @ _____

10. **Name of User #1** _____
11. **User #1 E-Mail** _____ @ _____
12. **Send New Notice E-Mails?** Yes No **Vendor Billing?** Yes No
13. **Temporary Password User #1** _____

Passwords cannot contain any symbols, start with a number, use your first/last name, nor be the word "password"

14. **Name of User #2** _____
15. **User #2 E-Mail** _____ @ _____
16. **Send New Notice E-Mails?** Yes No **Vendor Billing?** Yes No
17. **Temporary Password User #2** _____

Passwords cannot contain any symbols, start with a number, use your first/last name, nor be the word "password"

18. **Name of User #3** _____
19. **User #3 E-Mail** _____ @ _____
20. **Send New Notice E-Mails?** Yes No **Vendor Billing?** Yes No
21. **Temporary Password User #3** _____

Passwords cannot contain any symbols, start with a number, use your first/last name, nor be the word "password"

Please FAX the completed form to Region IV AAA at (269) 983-5218

Vendor View Provider Enrollment Form Instructions

Provider Name: Enter the name of your business

VV User w/ Other Agent: Indicate yes if you are already using Vendor View with another waiver agent, and write in the name of the other agent

Provider Address:
Provider City, State, Zip Enter the address of your business

Provider Telephone: Enter your business telephone

Provider Contact Person: Enter name of person we should contact about Vendor View

Contact Person Telephone: Enter phone number of contact person

Contact Person Email: Enter email of contact person

Provider Internet Instructions:

Name of User #1: Enter name of main person who will log on to receive Vendor View service authorizations and messages

User #1 Email Address: Enter email address of the main person above

Send new notice emails: Indicate whether this person should receive emails reminding them that they have new information in Vendor View

Billing Indicate whether this person will be using Vendor Billing

Temporary Password #1: Create a temporary password for the person (**cannot be their name, cannot use a symbol, and cannot start with a number; do not use the word "password"**)

Name of User #2: Enter name of backup person who will log on to receive Vendor View service authorizations and messages

User #2 Email Address: Enter email address of the backup person

Send new notice emails: Indicate whether this person should receive emails reminding them that they have new information in Vendor View

Billing Indicate whether this person will be using Vendor Billing

Temporary Password #2: Create a temporary password for the person (**cannot be their name, cannot use a symbol, and cannot start with a number; do not use the word "password"**)

Note: if you want additional staff to access Vendor View, please add their name, email address, whether they should receive new notice emails, and their temporary password on another sheet.