

MIX SOFTWARE ENROLLMENT REQUEST FORM

(Forward completed form to Region 10 PIHP)

Date of Request:		<input type="checkbox"/> PIHP	<input type="checkbox"/> SUD Provider	<input type="checkbox"/> CMH
Effective date:		Termination date:		
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <i>(to be completed when staff terminates)</i>				
<input type="checkbox"/> Staff does not require a USER ID to access MIX				
Job Function:				
<input type="checkbox"/> PIHP Access Clerk	<input type="checkbox"/> PIHP Data Reports	<input type="checkbox"/> CMH Data Reports		
<input type="checkbox"/> PIHP Access Clinician	<input type="checkbox"/> SUD Provider Clerk/Clinician			
<input type="checkbox"/> PIHP Claims	<input type="checkbox"/> SUD Provider Claims			
Employee Information:				
Employee's Name:				
Supervisor's Name for MIX Updates When Staff Terminates (required):				
Agency Name:				
Location(s) Name:				
Location(s) #:				
Address:				
City:		State: MI		Zip:
Phone:		E-Mail:		
Please include information below as applicable:				
Degree:	Effective Date:			
NPI #:	Effective Date:			
License Name/Number:	Effective Date:	Expiration Date:		
License Name/Number:	Effective Date:	Expiration Date:		
Certification(s):	Effective Date:	Expiration Date:		
Supervisor Approval:				
_____			_____	
<i>Signature</i>			<i>Date</i>	

~ BELOW FOR REGION 10 USE ONLY ~

Date & Initials Received: _____

Date entered into MIX system: _____

Date e-mail notice was sent to requestor: _____