



**S&S Management, Inc. (MSO)**  
 1020 S. Garfield Avenue, Alhambra, CA 91801  
 Tel: (626) 943-7465 / Fax: (626) 489-4933



**MSOExec WEB PORTAL ACCESS  
 REQUEST FORM**

\*\*\*\*\* PRINT CLEARLY – INCOMPLETE FORMS WILL NOT BE PROCESSED \*\*\*\*\*

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

**Provider Information**

**Provider/Organization Name:** \_\_\_\_\_

**Provider Specialty:** \_\_\_\_\_

**Practice Location1:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Practice Location2:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Practice Location3:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**TAX ID:** \_\_\_\_\_

**GROUP TAX ID: (If applicable):** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**GROUP NPI: (If applicable) :** \_\_\_\_\_

***Intended user information (The account created will be for the user below only. Print clearly):***

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Your Position/Title:** \_\_\_\_\_

**Tel #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Required:** \_\_\_\_\_

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**For S&S Management, Inc. Use only:**

**Date processed:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_

**Verified address/tel/fax:** \_\_\_\_\_

## MSOExec Web Portal Request Form / Agreement for Web Portal Use

I (we) hereby request authorization from S & S Management, Inc. to use the web-based portal management system for the following;

- Authorization Requests
- Authorization Status
- Claims / Encounter submission
- Claims Status
- Eligibility Verification

I / We agree to employ reasonable security procedures to ensure the privacy, security, and integrity of data.

I / We hereby agree that the information submitted via MSOExec web portal is accurate, reliable and complete.

I / We agree to adhere to the HIPAA policies and procedures regarding patient privacy and the security of patient privacy and the security of patient information.

I / We read the above agreement and agree to comply with its terms as condition of access to MSOExec web portal.

### Both names and signatures required

Name of person requesting access (Printed)	Signature	Date
Authorized signer (Provider or Office Manager Name - Printed)	Signature	Date

**EMAIL COMPLETED FORM ( PAGES 1 AND 2 ) TO:**  
**nacabilen@sandsmanagement.com**  
Or Fax to (626) 489-4933

+ As users of MSOExec Web portal system, it is required to sign a release form authorizing you and your staff to access the system. It is your responsibility to notify S&S Management, Inc. when an office staff member's login needs to be de- activated.