MIX SOFTWARE ENROLLMENT REQUEST FORM
(Forward completed form to Region 10 PIHP)

Date of Request:		☐ PIHP ☐ SUD Provider	
Effective Date:		☐ Remove (Termination date, last date worked)	

☐ Add   ☐ Update

☐ Leave of Absence   Begin Date: Expected Return Date:

☐ Staff does not require a USER ID to access MIX

Job Function:

☐ PIHP Access Clerk	☐ SUD Provider Clerk/Clinician	☐ PIHP Claims
☐ PIHP Access Clinician	☐ SUD Provider Claims	☐ PIHP Data Reports

Employee Information:

Employee's Name:
Supervisor's Name for MIX Updates When Staff Terminates (required):
Agency Name:
Location(s) Name:
Location(s) #:
Address:

City:	Office Phone #:	Email:

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): Submit Certification training form or grand-parenting letter for Recovery Coach	Effective Date:	Expiration Date:
Gender Competent:	Effective Date:	

Supervisor Approval:	_____ _____
	Signature *Date*

~ BELOW FOR REGION 10 USE ONLY ~

Date & Initials Received: _____

Date entered into MIX system: _____

Date e-mail notice was sent to requestor: _____