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

Date Request Submitted:		Effective Date:

☐ Add	☐ **Staff does not require a USER ID to access MIX**
☐ Update	
☐ Leave of Absence	**Begin Date:** / **Expected Return Date:**
☐ Remove	**Termination (last date worked)/MIX Removal Date:**

Job Function:

☐ Provider SUD Agency	☐ Provider A/P Claim Data Entry	☐ Provider EDI Submission	☐ Provider ASAM Continuum

Notification Options (Optional):

☐ Notify staff of Authorizations	☐ Notify staff of New Referrals assigned by Access	☐ Email staff alerts of all incoming MIX messages

Employee Information:

Name:	Email:

Supervisor's Name (required):
(**staff with MIX access** responsible for completing unsigned documents in the event this employee terminates – **actual supervisor not required for this entry**)

Agency Name:

Location(s) Name:

Location(s) MIX #:

Primary Address:

City:	Office Phone #:

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): **MDHHS Certification or Certification training form for Recovery Coach**	Effective Date:	Expiration Date:

Supervisor Approval: _____ _____
                                              Signature   *Date*

My signature attests that the Practitioner is Credentialed and Privileged to provide services as of the effective date listed above.

~ BELOW FOR REGION 10 USE ONLY ~

Date Received: _____

Date entered into MIX and email notice sent to requestor: _____

Staff Initials: _____