



Medical Authorization Portal Access Request Form

The following information must be submitted to Community Health Network of Connecticut, Inc.[®] (CHNCT) to obtain access to the Medical Authorization Portal. Registration is a two-step process. Once the form has been submitted, please have each user create an account by clicking the following link: <https://www.huskyhealthct.org/providers/medical-authorization.html>

Name:		Title/Department:	
Organization (Provider Name, Billing Group (if applicable), and Tax Identification Number):			
Practice/Provider Entity Name: CMAP ID (complete one per form): Tax Identification Number:			
Provider Address:			
Phone:		Fax:	
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Provider Type – Check all that apply:			
<input type="checkbox"/> Therapy	<input type="checkbox"/> DME	<input type="checkbox"/> Hospital Clinic	<input type="checkbox"/> Institution/Hospital Agency
<input type="checkbox"/> Physician Practice		<input type="checkbox"/> Home Care	
Please submit request via email or fax:			
Email: medicalauthhelpdesk@chnct.org Subject Line: Medical Authorization Portal User Access - CHNCT or Fax: 203.774.0547			
I attest that the following list of employees require electronic access to the Medical Authorization Portal for the purpose of requesting authorization on behalf of the provider practice/facility. I hereby certify that the information provided by me in this application is correct, accurate, and complete.			
Supervisor/Manager:		Supervisor/Manager Signature (must include actual signature, not a typed name):	
Name:			
Phone:			

