



SafeGuard (USHL) Provider Web Portal Access Application
Assigned IDs cannot be transferred to other Practices/Locations

To obtain access to the Provider Web Portal, all fields below should be completed and this application returned to SafeGuard.

Provider Name: _____ **Billing TIN:** _____

Practice/Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Each Tax ID number can only have one administrator whose responsibility it is to notify us of user additions, changes and terminations. Please name an administrator for the TIN above:

Administrator Name: _____

Email Name: _____ *(Email Address must be provided to receive ID)*

Telephone Number: _____

In the section below, identify the individuals who will need access to the SafeGuard (USHL) Provider Web Portal*. All individuals must include email/phone number to receive a user name and password. User names and passwords will be emailed to individual user. User names and passwords must not be shared.

1	Name (First, Last)	Email Address	Telephone #
2	Name (First, Last)	Email Address	Telephone #
3	Name (First, Last)	Email Address	Telephone #
4	Name (First, Last)	Email Address	Telephone #

*Please complete second page of this application for additional users.

By signing this form, the Administrator has agreed to sole responsibility on behalf of any of the users above that are given access to the SafeGuard (USHL) Provider Web Portal for eligibility and claims information.
BOTH SIGNATURES ARE REQUIRED

Administrator Signature	Title	Date
Provider/Officer Signature	Title	Date

Mail, Fax or Email Completed Application to:
SafeGuard/US Health and Life Insurance Company (USHL)
8220 Irving Road - Sterling Heights, MI 48312 - Fax: (586) 693-4321 - ushsupport@ushealthandlife.com

If you have questions, please call: 800-211-1534



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Provider Name: _____ **Billing TIN:** _____
Practice/Facility Name: _____

In the section below, identify ADDITIONAL individuals who will need access to the SafeGuard (USHL) Provider Web Portal. All individuals must include email/phone number to receive a user name and password. User names and passwords will be emailed to individual user. User names and passwords must not be shared.

5	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
6	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
7	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
8	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
9	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
10	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
11	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
12	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
13	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
14	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
15	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #
16	_____	_____	_____
	Name (First, Last)	Email Address	Telephone #

Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company. SafeGuard plans administered by US Health and Life Insurance Company. © US Health and Life Insurance Company. All rights reserved