



Reveal Intake Form

***Request To:** _____ **Date:** _____

Delete Existing Account/User ID (List IDs): _____

Add New Account/User ID

Add another Tax ID/Group to an Existing Account

***Requesting Access for:** Provider/Facility/Pharmacy Staff (also complete Section A)
 Employer Group/Broker (also complete Section B)

***Name:** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____ ***Phone:** _____

***Contact Person:** _____ **Email Address:** _____

***Full Name of User(s) Requesting Access:**

1. _____ **Email Address:** _____

2. _____ **Email Address:** _____

3. _____ **Email Address:** _____

(A) PROVIDERS/FACILITIES/PHARMACIES

Provider/Facility/Pharmacy Name: _____

Electronic Claims Submitter ID: _____ **Tax ID#** _____

PROVIDERS/FACILITIES – Please fax your completed form to (716) 929-1062.

PHARMACIES – Please fax your completed form to (716) 631-9636.

Providers please note: If you are requesting access for Physician Rosters you will automatically be setup to receive your Vouchers on Reveal as well.

(B) EMPLOYERS/BROKERS **Request For:** **Invoice Data** **834 Reporting**

List Group Number(s) Requested: _____

EMPLOYERS/BROKERS – Please fax your completed forms to (716) 250-7180.

*** Indicates required field and/or section.**

OFFICE USE ONLY

User Name Assigned:

Password Assigned:

Orientation Date:

Conducted By: