SOONERCARE PROVIDER PORTAL ACCESS FORM

- TO REQUEST INFORMATION YOU MUST BE THE PROVIDER OR THE CONTACT NAME ON THE ACCOUNT -

Date: _____ Requester Contact Name: _____

Contact Number/Extension: ( ) _____ Email Address: _____

Once completed, save the PDF to your desktop then attach the saved PDF to an e-mail and send to: SoonerCareInternetHelpDesk@dxc.com.
After your file has been received, the Internet Help Desk team will work on the request and e-mail the requested information to the Contact email above.
Please allow a minimum of 48 hours for the request to be completed.

Follow the instructions on whether you are entering information for a **GROUP** or an **INDIVIDUAL**.						
INFO REQUESTED FOR:	**Individual:** PROVIDER # **Group:** PROVIDER #	**Individual:** SSN **Group:** TAX ID/FEIN	**Individual:** NPI **Group:** NPI	**Individual:** LAST NAME, FIRST NAME **Group:** GROUP NAME	**Individual:** ADDRESS MATCHING SERVICE LOCATION ON FILE **Group:** ADDRESS MATCHING SERVICE LOCATION ON FILE	SELECT FROM LIST WHAT IS BEING REQUESTED