



MI-Choice Information System

Vendor View Vendor Enrollment

Note: Each employee who uses vendor view will need their own individual log-in.

PLEASE PRINT

Date: _____

Vendor Name: _____

VV User w/ Other Agent?: No Yes Agent: _____

Vendor Street Address: _____

Vendor City, State, Zip: _____

Vendor Telephone: (_____) _____

Vendor Contact Person: _____

Contact Person Telephone: _____

Contact Person Email: _____

Type of Vendor Connection: Email* or Fax Fax #: (_____) _____
(fill in either Email or Fax)

***If Email, continue below:**

Name of User #1: _____

User #1 Email Address: _____

Send new notice emails?: No Yes HIPAA Privacy and Security training completed

Temporary Password #1: _____
(Cannot use full first/last names, symbols, "password", or start with a number)

Vendor Billing Access? No Yes

Name of User #2: _____

User #2 Email Address: _____

Send new notice emails? No Yes HIPAA Privacy and Security training completed

Temporary Password #2: _____
(Cannot use full first/last names, symbols, "password", or start with a number)

Vendor Billing Access? No Yes

Please use this form to make changes to your Vendor View account. Any staff members who leave your agency or no longer need access to Vendor View must be removed from the account via written request using the Vendor View User Disenrollment Form to ensure confidentiality of protected health information. Once notified using this form, WellWise Services Area Agency on Aging will be responsible for adding or removing staff from the account.

*Please fax or email the completed form to
(517)592-1975 or
Region2.providers@wellwiseservices.org
(Attention Finance Coordinator)*

Vendor View Enrollment Form Instructions

Vendor Name: Enter the name of your business

VV User w/ Other Agent?: Indicate yes if you are already using Vendor View with another waiver agent, and enter the name of the other agent

Vendor Address: Enter the City, State, Zip of your business

Vendor Telephone: Enter your business telephone

Vendor Contact Person: Enter name of person we should contact about Vendor View

Contact Person Telephone: Enter phone number of contact person

Contact Person Email: Enter email of contact person

Type of Vendor Connection: If you can access the internet through your business, enroll as an email vendor to receive all Vendor View communications via the internet. If not, enroll as a fax vendor

***If Internet, continue below: Only internet vendors need to complete this section:**

Name of User #1: Enter name of main person who will log on to receive Vendor View service authorizations and messages

User #1 Email Address: Enter email address of the main person above

Send new notice emails?: Indicate whether this person should receive emails reminding them that they have new information in Vendor View

Temporary Password #1: Create a temporary password for the person **(cannot be their name, a symbol, start with a number, or be the word "password")**

Name of User #2: Enter name of backup person who will log on to receive Vendor View service authorizations and messages

User #2 Email Address: Enter email address of the backup person

Send new notice emails?: Indicate whether this person should receive emails reminding them that they have new information in Vendor View

Temporary Password #2: Create a temporary password for the person **(cannot be their name, a symbol, start with a number, or be the word "password")**

Vendor Billing Access: Check if you want the user to have access to vendor billing



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Vendor View Vendor User Disenrollment Form

Please use this form to make changes to your Vendor View account. Any staff members who leave your agency or no longer need access to Vendor View must be removed from the account via written request using the Vendor View User Disenrollment Form to ensure confidentiality of protected health information. Once notified using this form, WellWise Services Area Agency on Aging will be responsible for removing staff from the account.

PLEASE PRINT

Date: _____

Vendor Name: _____

Vendor Street Address: _____

Vendor City, State, Zip: _____

Vendor Telephone: _(____)_____

Vendor Contact Person: _____

Contact Person Telephone: _____

Contact Person Email: _____

Vendor View User to Be Removed: _____

Last Date of Vendor View Access: _____