SOONERCARE PROVIDER PORTAL ACCESS FORM

*** IF YOU ARE NOT THE PORTAL ADMINISTRATOR ADD THE PROVIDERS EMAIL TO THE REQUEST. ***
IF YOU ARE A CLERK DO NOT USE THIS FORM.

Date: Requester Contact Name:

Contact Number: Email Address:
(include area code)

Once completed, save the PDF and attach to an email, send to: SoonerCareInternetHelpDesk@dxc.com. After receipt, the Internet Help Desk team will confirm all required data has been received and will email the requested information to the appropriate contact on file.

PLEASE ALLOW A MINIMUM OF 48 HOURS FOR PROCESSING.

Reason for Request: (check all that apply)			
User ID	Temporary Password	Challenge Questions	Pin Letter

Field			
Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)			
User ID	Temporary Password	Challenge Questions	Pin Letter

Field			
Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)			
User ID	Temporary Password	Challenge Questions	Pin Letter

Field			
Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

- By checking this box, you acknowledge and agree that you have been authorized and have legal authority to request secure account information on behalf of said provider. In no event will Gainwell Technologies be liable for any losses or damages including without limitation, indirect or consequential losses or damages arising from this request.

Use next page(s) for additional requests.

Updated January 15, 2021

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Reason for Request: (check all that apply)

User ID Temporary Password Challenge Questions Pin Letter

Provider or Group Name:			
Provider Email:			
SoonerCare Provider #: *(Example: 100000000A)*		Provider/Group NPI:	
Provider SSN or Tax ID:			
Service location (complete street address, city, state, and zipcode):			

Updated January 15, 2021