



## Secure Provider Portal Access Request Form

Access to the True Health New Mexico Secure Provider Portal will allow you to do prior authorizations online and look up claims and member eligibility.

**Designate ONE person in your office as the Practice Administrator. The Practice Administrator will have the authority to add and/or delete all other users.**

**Please complete all the information below.**

Practice Administrator – First and Last Name	
Practice Administrator – Email Address	
Practice Administrator – User Name (must be 6-20 characters)	
Office Phone Number	
Tax ID Number(s) for your group, facility, or provider	
Name and address of your group, facility, or provider	

Once you have completed this form, email it as an attachment to [provider.services@truehealthnewmexico.com](mailto:provider.services@truehealthnewmexico.com). Thank you.