

PROVIDER ONLINE ACCESS REQUEST FORM

Providers can access the County Indigent Health Care Pilot Program and must check for patient eligibility and claim status through our website. In order to use the online service you must fill out this form and sign and fax it to 956-318-2019.

Once we receive this form, we will set up a user name and temporary password. We only provide one user account per provider. Should you have any questions please call 956-318-2011. Thank you.

REGISTRATION:

Provider Name: Mobile X-rays On Demand LLC Fed ID# 270489288

Person requesting access: Dagoberto Barrera Title: CEO

Address: 3300 Buddy Owens Blvd McAllen, Tx 78504

Telephone #: (956) 972-0400 Fax #: (956) 972-0402

ACKNOWLEDGEMENT

The undersigned organization by executing this acknowledgment certifies and agrees that in applying and utilizing the Online Services, the undersigned organization will utilize this online service only for its intended purpose and only for verification of patients the undersigned is providing medical services and for no other purpose. Any other use of this online service may terminate the use of this service by the undersigned organization and may submit the undersigned organization to civil and/or criminal penalties.

Dagoberto Barrera
Signed Name of authorized person

7-12-17
Date