

Group Authorization for Use of Group Admin Portal

Authorization to the portal is for the use and disclosure of PHI

Group Name: _____ Dental and/or DeltaVision Group # _____

The Group hereby designates the following employees and/or producer/agency or consultants to represent the group in order to carry out Group Dental and/or Vision Plan functions that may involve the use and disclosure of Protected Health Information (PHI) on behalf of the Group:

GROUP - Enter name of individual(s)	Enter Individual's EMAIL	Type of ACCESS requested (only Self Insured/ASO Groups have access to claims*)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
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		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
PRODUCER - Enter Producer and/or AGENCY name:	Enter Individual's EMAIL	Type of ACCESS requested (only Self InsuredASO Groups have access to claims*)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)
		<input type="checkbox"/> Read Only (with claims access*) <input type="checkbox"/> Read Only (no claims access) <input type="checkbox"/> Read & Write (with claims access*) <input type="checkbox"/> Read & Write (no claims access)

Authorization: An Authorization for Release of Protected Health Information is required for questions regarding individual claims, eligibility, or benefit information.

The Group Admin Portal is an online portal used to view, enroll, and update a subscriber's and/or dependent's enrollment status. Each authorized individual at the group will also need to register for the Group Admin Portal at nedelta.com/Employers in order to gain access.

The above designations and the below authorization will remain in effect until revoked or changed by the Group in writing and will be relied upon by Northeast Delta Dental. Notify Northeast Delta Dental immediately in writing of any changes.

Duly Authorized Group Representative/Administrator: _____ Date: _____

Print Name and Title: _____

Email: _____ Phone: _____

***Only Self Insured/ASO Groups (groups who pay an admin fee instead of premium) have access to claims.**