



# AuSable Valley Community Mental Health Authority

## Contract Provider THOR Access Request Form

Use this form to request access to THOR. Submit to Quality Dept.: [mary.martin@avcmh.org](mailto:mary.martin@avcmh.org)

**Requested by (name):**

**Organization:**

**Today's Date:**

**Purpose:**

**Effective Date:**

**Check the staff role(s) that apply:**

	<b>Claims Entry + Documentation:</b> For billing staff who will log in to THOR, enter claims and upload supporting documentation, review authorizations.
	<b>Documentation Only:</b> For non-billing staff who will log in to THOR, upload supporting documentation and review authorizations.
	<b>Administrative Staff:</b> Designated staff member who will manage rendering provider records and credentials in THOR.

**Would you like to be contacted for training?**

**Legal Name:**

First	Middle	Last Name	AKA

**Name Change To:**

First	Middle	Last Name	AKA

**Email address** (Required for "Claims Entry" & "Documentation Only" roles):

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**For internal use only**

**User ID:**

**Training:**