MI-Choice Information System Vendor View Vendor Enrollment

Agent: Region 3B AAA **Date: _____/_____/_____**

Vendor Name: _____

VV User w/ Other Agent?: ○ No ○ Yes Agent: _____

Vendor Telephone: (_____)_____

Vendor Contact Person/ Role: _____

Contact Person Telephone: (_____)_____

Contact Person Email: _____

Name of User #1: _____
First Name, Last Name

User #1 Email Address: _____

Send new notice emails? ☐ Yes ☐ No

Name of User #2: _____
First Name, Last Name

User #2 Email Address: _____

Send new notice emails? ☐ Yes ☐ No

Name of User #3: _____
First Name, Last Name

User #3 Email Address: _____

Send new notice emails? ☐ Yes ☐ No

Passwords: New users will receive a "Welcome" email from Compassadmin@ciminc.com with their Username and instruction on how to set up their password for the first time.

PLEASE EMAIL THE COMPLETED FORM TO BILLING AT CAREWELL:
Billing@carewellservices.org

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Vendor View Enrollment Form Instructions

Vendor Name:	Enter the name of your business
VV User w/ Other Agent:	Indicate yes if you are already using Vendor View with another waiver agent, and write in the name of the other agent
Vendor Telephone:	Enter your business telephone
Vendor Contact Person/Role:	Enter name of person we should contact about Vendor View and their role at your agency
Contact Person Telephone:	Enter phone number of contact person
Contact Person Email:	Enter email of contact person
Name of User:	Enter name of main person who will log on to receive Vendor View service authorizations and messages
Email Address:	Enter email address of the main person above
Send new notice emails:	Indicate whether this person should receive emails reminding them that they have new information in Vendor View

Removal of User(s): Please remove any user(s) that no longer work for your agency by sending a vendor view message or an email to billing@carewellservices.org