

**TOTAL CLAIMS ADMINISTRATION'S
QICLINK BENEFIT EXCHANGE (QBE)
ACCESS REQUEST**

Access to QBE is restricted by plan, TIN, sign-on ID and passwords. Please provide us with the following information to obtain access to claim and patient information for your practice. When completed, **please return the application by facsimile to 954-767-5528.**

If you have more than one practice that operates under a SEPARATE Taxpayer Identification number (TIN), please complete an additional Access Request form.

If you have staff members who work multiple taxpayer Identification numbers, please provide an additional list with their names and the taxpayer identification numbers they need to access.

PHYSICIAN NAME: _____

Or

BUSINESS NAME IF
DIFFERENT THAN ABOVE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TIN: _____ E-MAIL ADDRESS: _____

PARTICIPATES IN: BEST CHOICE PLUS (QBE1)

PPUC, PSN, CMS XIX, CMS XXI BRWD, CMS XXI TC (QBE2)

ASSIGNED QBE USER'S FULL NAME (Please Print): _____

ASSIGNED QBE USER'S FULL NAME (Please Print): _____

ASSIGNED QBE USER'S FULL NAME (Please Print): _____

ASSIGNED QBE USER'S FULL NAME (Please Print): _____

ASSIGNED QBE USER'S FULL NAME (Please Print): _____

Provider's/Business Owner's Signature

Date

After access is provided, QBE will be found on the Browardhealth.org site map under **For Physicians.**

Remember to contact us when you want to delete access for a user.