



820 s Garfield Ave., Suite 201A  
Alhambra, CA 92801

**Mission Community IPA Provider Web Services Portal (PWSP)  
Website Access Form**

This form shall be completed by the Mission IPA participating provider, which delivers primary care, specialty care and ancillary services with a valid, unique tax identification number (TIN). By signing this letter, the PWSP participant shall adhere to the agreement requirements. This form shall be referred to as an addendum to said agreement. User inactivity may cause the user to be automatically disabled. Upon completion, this form can be faxed to **(626)782-6969**.

<b>Participating Provider Information</b>	
<b>Date:</b>	
<b>Provider TIN:</b>	
<b>Provider Name (Legal Name matching the TIN. No D.B.A.s, please.):</b>	
<b>NPI Number(s) (If more than one, please list and attach):</b>	
<b>Street Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Authorization by Participating Provider</b>	
<b>Authorizing signature (Should be signed by owner/president of Provider organization):</b>	
<b>Print Name of authorizing signature:</b>	
<b>Participating Provider Contact/ User Information</b>	
<b>User Name: (First &amp; Last names)</b>	
<b>User Phone &amp; Fax number:</b>	
<b>User Email Address:</b>	

**Provider Type (check):** PCP  Specialist  Ancillary