



## NCECSWeb Tool Logon ID and Password Change Request Form

*Please print*

Date: \_\_\_\_\_

### Type of Change: (select one)

- Verification of Logon ID and/or Password
- Change Password for Logon ID number \_\_\_\_\_
- Add new Provider number to existing Logon ID number \_\_\_\_\_
- Remove Provider number to existing Logon ID number \_\_\_\_\_
- Terminate Logon ID number \_\_\_\_\_

### Please Complete:

User Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Provider Number(s): \_\_\_\_\_

Claims filed on NCECSWeb Tool?      Yes    No

<https://webclaims.ncmedicaid.com/ncecs>

### Authorized Signature:

\_\_\_\_\_

**Return by fax to HP Enterprise Services, Electronic Commerce Services at 919-859-9703.**

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