



# Unilogic

Healthcare Management

## Provider Portal Request Form

**Provider Instructions:** Section 1: Select only one box

Section 2: Enter requested information

Section 3: Enter staff information, sign and date

Email to: [aerialsupport@unilogichealthcare.com](mailto:aerialsupport@unilogichealthcare.com)

### Section 1:

- New user
- Reset password
- Add/remove users

### Section 2:

<b>Physician/Group Name:</b>
<b>Tax ID Number:</b>
<b>Address:</b>
<b>Phone and Fax:</b>
<b>Please note, we are unable to process this request without the Tax ID#</b>

### Section 3:

Last Name	First Name	Email

Sign Here

Date

Signature required. Physician, Office Manager or Administrator with authority to sign for administrative functions. Stamped signature will not be accepted.

**Please complete all fields legibly and email to**  
[aerialsupport@unilogichealthcare.com](mailto:aerialsupport@unilogichealthcare.com)

You will be notified via e-mail within (2) business days of your username and temporary password. You will be asked to change your temporary password upon initial login.