

Account Passcode/PIN Request Form



Mail to: Western Health Advantage Mail Service, Attn: Member Services
PO Box 4457, Portland, OR 97208-4457

Fax to: 916.678.5440

Questions? 916.563.2250 | 888.563.2250 toll-free | 711 TTY

Member Information

First Name _____ Last Name _____ MI _____

WHA Member ID# _____ Date of Birth _____

Address _____ Apt./Unit# _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

This request is (check one):

New Modified

TO REVOKE an existing restriction effective (indicate MM/DD/YY) _____Skip to signature line

Western Health Advantage (WHA) is committed to the protection of members' health information. To better ensure that no one else can access your account without your authorization, you may select a passcode or personal identification number (PIN) to further secure your account.

You'll need your Passcode/PIN or the answer to your security question to access your account when calling us. Transactions over the phone will not be allowed to take place on your account without the accompanying Passcode/PIN. An account Passcode/PIN is NOT the same as the Account Password that you use to access your MyWHA Account online.

Passcode/PIN (4 digit number) _____

Security Question: Please select one (1) question to be answered by you if you forget your Passcode/PIN.

The question and answer should be easy for you to remember but unlikely to be known by other individuals.

option 1: What is the name of the street you grew up in? _____

option 2: What is the make/model of your first car? _____

option 3: What is your favorite vacation spot/location? _____

Please do not provide anyone else with the information on your passcode/PIN. You should keep a copy of this form for reference.

Western Health Advantage is an HMO plan with a Medicare contract. Enrollment in the health plan depends on contract renewal.

I understand and agree to the following:

- An account Passcode/PIN is optional. I am not required to have one. If I do not choose to have a Passcode/PIN, I will continue to transact on my account subject only to the identify verification process established by WHA in compliance with federal and state laws.
- I must notify WHA if I wish to change this information. This request is valid until I submit a revocation or a new request.
- This request will only apply to my current membership ID number. If my membership ID number changes, I must submit a new Account Passcode/PIN Request Form.
- The Passcode/PIN will not restrict WHA from using or disclosing information in my account as allowed under the HIPAA rules or other federal and state laws, including disclosures to a health care provider for my emergency treatment or the HHS Secretary for enforcement purposes.
- This request must be accompanied by a copy of a photo ID of the person signing the form, unless one is already on file with WHA; otherwise it cannot be processed.

WHA Member Signature _____ **Date** _____

Print Name _____

WHA Internal Use Only

Date Request Received _____ Date Request Fulfilled/Denied _____

Identification Verified (documents checked)

Signature of Manager or Supervisor _____

Printed Name _____