



WHP Web Portal Request Form (Provider Portal)

Please fill in all information below. If you need access for more than one TIN, please complete one form per TIN.
Please fax the completed form to WHP Provider Services at 716-541-6362.

Super User Information:

First Name: _____
Last Name: _____
E-mail: _____
Contact Phone #: _____

Please choose a password you would like to use when logging in to the Web Portal. Passwords must include at least one capital letter and one number.

Password: _____

Practice Information:

TIN: _____
Group Name: _____
Main Address: _____
Provider Name(s): _____

For WHP Use Only:
User ID: _____
Main Prov ID: _____
Group Code: _____
Date Completed: _____
Notification Sent Via E-mail or Fax
on: _____