SAN GABRIEL/POMONA REGIONAL CENTER

E-MAIL NOTIFICATION FORM

SG/PRC operates a paperless system for the distribution of authorizations and invoices. To be able to e-mail you the authorizations and invoices under our security guidelines, we will need you to create a password which you will use to access the e-mailed documents.

If you are interested in completing your **billing online and viewing your payment history**, please check the box above the signature section of this document.

Vendor#:	Vendor Name:	Service Code:

Mailing Address, City, State & Zip Code:

* The **User ID** should consist of your vendor number and two initials of the user's name.

** The **password** should consist of a minimum of 6 characters (up to 10) including both alpha and numeric characters; at least 1 alpha character must be a capital letter. ***(Example: Red29a).*** Please distinguish the number zero from the letter 0 by putting a slash across the zero Ø.

For **AUTHORIZATIONS** to Provide Services

Contact Name:		E-mail:
User ID*: |___|___|___|___|___|___|___|___|	Password**: |___|___|___|___|___|___|___|___|___|___|	Telephone #.: & Ext.: (_____).___.___.___-___.___.___.___/_____

For Monthly **INVOICES/** Claims for Reimbursements

Contact Name:		Email:
User ID*: |___|___|___|___|___|___|___|___|	Password**: |___|___|___|___|___|___|___|___|___|___|	Telephone #.: & Ext.: (_____).___.___.___-___.___.___.___/_____

For EFT **REMITTANCE ADVICES**

Contact Name:		Email:
User ID*: |___|___|___|___|___|___|___|___|	Password**: |___|___|___|___|___|___|___|___|___|___|	Telephone #.: & Ext.: (_____).___.___.___-___.___.___.___/_____

Please provide the information requested above, sign and date the statement below, and return to the Regional Center, attention "Vendorization", as soon as possible. If you have any questions, please e-mail to vendorinfo@sgprc.org. Thank you for your participation!

❑ Yes, I am interested in E-billing / Payment History.

I hereby certify that the contact persons above will abide by SGPRC's security guidelines (attached and available on SG/PRC's website at www.sgprc.org). I understand that I need to inform SG/PRC immediately in writing (by e-mail) when a change of contact person or web user, or e-mail address, occurs, but no later than within 2 business days.

_____ Print Name/Title

_____ Signature

_____ Date

Rev. 7/16/09