



Vermont Medicaid Update E-mail Address Request Form

An e-mail address is required for providers wishing to establish a Web Services account. Please complete and return by fax to (802) 878-3440, attn: Enrollment or mailed to: HP Enterprise Services, PO Box 888, Williston, VT 05495.

Provider Number: _____ Provider Name: _____

Name of Individual Completing Form: _____

Contact Number of Individual Completing Form: _____

Please Add E-mail Address: _____ (limited to 50 characters)

Service Location of this E-mail Address:

Street Address: _____ City: _____

State: _____ Zip Code: _____

Signature of Authorized Party: _____ Date Signed: _____

Please allow 2-3 business days from faxing for us to complete your request. Once your request has been completed, go to www.vtmedicaid.com, select Provider Web Services located at the top right of the Vermont Medicaid Web Portal and follow the directions for providers wishing to verify eligibility, check claim status, and download Remittance Advice.

Directions for obtaining a provider web services account can be accessed at [What's new for VT Medicaid Page](#) (Select Link, Obtaining a Provider Web Services Account)