



FIRST STEPS USER ONLINE ACCESS REQUEST FORM

**CFO Provider Enrollment
P. O. Box 29134
Shawnee Mission, KS 66201-9134**

Phone: 866-711-2573 ext. 2

Fax: 913-888-6683

Email: mofsenroll@csc.com

A completed form is required to enroll in First Steps as a service provider, or to change current enrollment information. If you are enrolled with the CFO, please provide the information currently on file. After completion, please keep a copy for your records, and return the form to the Central Finance Office (CFO) Provider Enrollment.

AGENCY/BILLING ENTITY INFORMATION – PLEASE PRINT

Tax ID Number (Billing Entity) _____ Agency Name _____

Agency Administrator or Independent Provider Information:

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Primary Contact for Questions: _____ Phone Number: (____) _____ - _____

USER INFORMATION – PLEASE PRINT

New User Information: Select One: ___ Provider ___ Billing or Agency Administrator

Change User Information: Please indicate the type of change: ___ Delete Access* ___ Change Access**

User First and Last Name: _____ Email***: _____

Please select a User ID. Provide two different User IDs in case the first choice is not available. The User ID will be used to log into the web system. The User ID should be the same as your Matrix User ID, if applicable.

User ID: 1: _____ 2: _____

**Deleting Access does not end the Provider's enrollment with the CFO.
**If this form is used to Change Access – the access marked on this form will be the only access available to the user.
***The email address must be unique per user.*

USER ACCESS – CHECK ONE

Please review the *User Access Description* document carefully and select one of the following types of access.

<input type="checkbox"/> Independent Provider – Provider Administrator	<input type="checkbox"/> Agency Administrator
<input type="checkbox"/> Agency Provider – Non-Billing Provider	<input type="checkbox"/> Agency Claims and Billing
<input type="checkbox"/> Agency Provider – Billing	

The date enrollment information is received and processed at the CFO will determine the effective date of the provider's online access. An email will be sent to the user's email address with further directions on how to access the online system.

User Signature _____ Date _____

Administrator Signature _____ Date _____