



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@dxc.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

Form fields for Agency/Billing Entity Information including Tax ID Number, Agency Name, Agency Administrator or Independent Provider Information (First Name, Last Name, Email, Address, City, State, Zip, Phone Number, Primary Contact for Questions).

USER INFORMATION - PLEASE PRINT

Form fields for User Information including checkboxes for New User Information and Change User Information, User First and Last Name, Email, User ID 1 and 2, and explanatory footnotes.

USER ACCESS - CHECK ONE

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

Table with 2 columns and 3 rows for selecting user access type: Independent Provider - Provider Administrator, Agency Administrator, Agency Provider - Non-Billing Provider, Agency Claims and Billing, 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 _____

PLEASE COMPLETE THIS AGREEMENT AND MAIL THE ORIGINAL TO:

Missouri First Steps
Attn: Provider Enrollment
PO Box 29134
Shawnee Mission, KS 66201-9134