

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 2:

Create an ID and Password



Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at (602) 417-4451.

**** ATTENTION ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You must not share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

Sign In

User Name:

Password:

Forgot your Password? [Click Here](#)


Note • User Names and Passwords are case-sensitive.

To create a user ID and Password, click here

New Account

[Click Here](#) to create an AHCCCS Online user account.

To learn more about AHCCCS Online, [Click Here](#)

 Your web browser must have cookies enabled in order to use AHCCCS Online. To learn how to enable cookies, please [Click Here](#)

Enrollment Steps

1. User Agreement

2. Select Account
3. Verification
4. Create Profile
5. Account Created

Please read the following terms of use and indicate that you agree by clicking the "I Agree" button at the bottom of the page

Warning: The information provided through the AHCCCS Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act.

The Master Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account Holder user ID or any individual user IDs approved by the Master Account Holder.

The Master Account Holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring:

Compliance with the license agreement,
That individual accounts are limited to employees who need the information to perform their employment-related duties,
That inactive individual accounts are deactivated, and
That the Master and individual user IDs and passwords are not shared or disclosed.

Violation of the terms and conditions of the licensing agreement and/or violations of the state and federal confidentiality and privacy requirements may result in termination of your license to access the AHCCCS Online Web Application. Violations may also result in the termination the AHCCCS Provider Agreement, revocation of AHCCCS Provider

Read the statement to your right and, if you agree to the terms, click on

I Agree

Enrollment Steps

1. User Agreement
2. Select Account
- 3. Verification**
4. Create Profile
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Please provide the following information:
* Indicates a required field.

Please select the type of identifier being provided:

- ☒ AHCCCS Provider ID (6 numeric characters)
- ☐ National Provider ID (10 alphanumeric characters).

Numbers for your tax ID number, no spaces or dashes.

Provider ID*

Tax ID Number*

Annotations:

- Click on the button that correlates with the ID you are entering as your ID (Use your NPI if you have one)
- Enter your provider ID
- Enter your Tax ID
- Click Continue

Please verify that the following information is related to the provider for which you wish to create an account. If it is incorrect and not the provider for which you are authorized to create an account, [click here](#) to return to the provider input form.

Provider Information:

Provider Name	Dr. John
Provider Number	111111
Tax ID Number	11111111

* Indicates a required field.

In order to create your account, please provide the following information about yourself

Enter a User Name and Password: (At least 6 characters with no leading or trailing blank spaces)

User Name*

Password*

Confirm Password*

Choose a Hint

on and provide an answer to that question. If you forget your password, you can use the hint to reset it.

Choose a Hint Question and Enter Your Answer:

Hint Question*

Answer*

Annotations:

- Create your own User Name and Password (At least 6 characters with no leading or trailing blank spaces)
- Click on the down arrow for more choices
- Choose a Hint
- Supply the answer to the Hint Question
- Click on the down arrow for more choices
- Fill-in all the fields that have an asterisk
- Click Continue

User Account Information:

First Name*

Last Name*

Title*

Address*

Telephone Number* - -

Email Address*

Confirm Email Address*

