BreastCare Billing System User Access Request

Please complete the following information to request access to the BreastCare Billing System for your organization's billing personnel. List all the users who will need access to bill claims. One user can be associated with multiple provider numbers but will need to be listed separately for each provider.

Fax completed forms to 501-661-2189 or 501-661-2009 or e-mail to BreastCare@arkansas.gov

User Name (first and last name)	E-mail Address	Name of Billing Provider	BreastCare ID Provider Number