



ABS LIN System Addition/Termination Form
Assigned IDs cannot be transferred to other Practices/Locations

Please use this form to add or remove access to the LIN system and return to ABS

Provider Name: _____ **Billing TIN:** _____

Practice/Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please fill this section out for those that you wish to TERMINATE ACCESS to the LIN System		
1:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Telephone #</i>
2:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Telephone #</i>
3:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Telephone #</i>
4:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Telephone #</i>

Please fill this section out for those that you wish to GIVE ACCESS to the LIN System		
1:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Term Date</i>
2:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Term Date</i>
3:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Term Date</i>
4:	_____	_____
	<i>Name (First, Last)</i>	<i>Email Address</i>
	_____	<i>Term Date</i>

By signing this form the administrator has agreed to sole responsibility for the access of the any user above who accesses the ABS LIN system for eligibility and claims information.

Administrator Signature *Title* *Date*

Provider/Facility Administrator Signature *Title* *Date*

Mail or Fax Completed Application to: Automated Benefit Services, Inc. (ABS) 8220 Irving Road Sterling Heights, MI 48312	Fax: (586) 693-4321	If you have questions, please call: 800-645-9978
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