

Third Party Administrators Online Affiliate Enrollment Form

This Attestation Agreement is Required to Gain Access to Kaiser Permanente's Secure Provider Portal, Online Affiliate, as a Third Party Administrator





THIRD-PARTY ADMINISTRATORS - ONLINE AFFILIATE ENROLLMENT FORM

Name of Third-Party Administrator: _____

THIRD-PARTY ADMINISTRATOR, PLEASE READ: To gain access to Kaiser Permanente Online Affiliate as a Third-Party Administrator (TPA), we must receive approval from the provider group(s) you are attempting to access.

This attestation form must be completed for EACH provider group you are requesting access to.

Please forward this document to the provider group for their completion. Once completed, return it to Kaiser Permanente by submitting a [Online Affiliate Support Case](#)

- THE BELOW IS FOR COMPLETION BY THE PROVIDER GROUP -

PROVIDER GROUP, PLEASE READ: By completing this form, you are approving the Third-Party Administrator named above, read-only access to non-clinical patient information via Online Affiliate (eligibility, benefits, claim status, and electronic remittance advice).

Provider Legal Entity Name: _____

Provider Tax ID: _____

Authorized Signatory:

Signature: _____
(Type signature accepted)

Printed name: _____ Title: _____

(An authorized representative, such as the CEO, CFO, VP, owner, sole proprietor, director, manager or other)

Provider Group Contact Information:

Designated Contact Name: _____
(May be a different contact than authorized signatory person)

Email Address: _____ Phone: _____

NEED HELP?

If you need additional assistance, please reach out to your Regional KP Team as follows:

Region	Contact
CA - Northern	Online Affiliate Support Webform
CA - Southern	
Colorado	
Georgia	
Hawaii	
Maryland	
Virginia	
Washington, D.C.	

OLA Support Webform link:
<https://kpnationalclaims.my.site.com/support/s/support-case>