



CBAS PEACH PROVIDER PORTAL

ACCOUNT ACTION REQUEST

Use this form to add, change, or disable user access to the CBAS Peach Provider Portal.

INSTRUCTIONS

Section	Field Name	Explanation
A.	Center Name	Enter Center Name.
	NPI	Enter National Provider Identifier number.
B.	Name	Enter Name of individual requesting access.
	Title	Enter Title of individual requesting access.
	Email Address	Enter Email Address of individual requesting access.
C.	Name	Enter Name of individual to have access disabled.
D.	Current User Name	Enter Name of individual requesting changes.
	Current Email Address	Enter Email Address of individual requesting changes.
	Type of Change	Check the appropriate box for the type(s) of change(s) being requested.
	Change	Enter the updated email address, name, center name, or other information to be updated.

Email the Account Action Request form to the CDA CBAS Branch at:
CBASCDA@aging.ca.gov.



CBAS PEACH PROVIDER PORTAL

ACCOUNT ACTION REQUEST

SECTION A. Center Information	
<input type="checkbox"/> New User Account <input type="checkbox"/> Disable User Account <input type="checkbox"/> Changes to Existing Account	
Center Name:	
NPI:	

SECTION B. New User Account	
Name:	
Title:	
Email Address:	

SECTION C. Disable User Account	
Name:	

SECTION D. Change(s) to Existing Accounts	
Current User Name:	
Current Email Address:	
Type of Change:	<input type="checkbox"/> Email Address <input type="checkbox"/> Name Change <input type="checkbox"/> Center Employment <input type="checkbox"/> Other (specify): _____
Change:	