

opala **Provider Access Registration Form**

To submit your Provider Access Registration Form for review, please fill out this form and email it to developersupport@opala.com. Please refer to the developer portal for more information on Provider Access API Documentation.

Administrator/Requestor Information:

Provider Business Entity Name:

Provider Address:

Official Phone Number:

Provider Contact Information 1:

Contact Person Name:

Contact Title/Role:

Contact Email:

Contact Phone:

Provider Contact Information 2:

Contact Person Name:

Contact Title/Role:

Contact Email:

Contact Phone:

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Data Access Requested for:

Please specify all entities whose data access is being requested. Each bulk export member list corresponds to a unique provider entity TIN, and access permissions are granted accordingly. TIN is **required** and NPI (Type 2) is optional.

Provider Entity Name	Tax Identification Number (TIN)	National Provider ID (NPI)

Application Registration Information:

Opala's Provider Access API uses SMART Backend Authorization mechanism for bulk export requests.

Application Name (if any):

Description:

Are you capable of managing asymmetric JWKS for authentication?:

If yes, are you able to securely store the private key?:

Preferred method to share public JWKS ?: