





Maryland Additional Login  
Account Request Form

Required fields are marked with an asterisk. \*  
Fax completed form to **866-698-6032**.

**Agreement Terms:**

- A. The undersigned submitter authorizes ValueOptions to receive and process claims or batch registration submissions via the ValueOptions Electronic Transport System (ETS) or ValueOptions Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- C. The Submitter agrees to comply with any laws, rules and regulations governing the ValueOptions Online Provider Services/EDI program.
- D. The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with ValueOptions.
- E. This is to certify that an exact copy of any claim files submitted via the ValueOptions ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.

**Signatures:**

\_\_\_\_\_  
Legal name of Organization

\_\_\_\_\_  
Title of individual signing for organization

\_\_\_\_\_  
\*Name of Individual Signing for Organization

\_\_\_\_\_  
\*Authorizing Signature

\_\_\_\_\_  
\*Date