



VANTAGE® SERVICES AUTHORIZATION FORM

SVMIC offers two types of Vantage® accounts for Practice Executives. The general criteria for each account is shown below. Upon determining which account is appropriate for your needs, please complete the form below, obtain the relevant authorization signatures, and return the completed form or direct any questions to ContactSVMIC@svmic.com. You may also fax the form to 615.843.0347.

MANAGER ACCOUNT

Access to specific elements of a physician's account like:

- » Seeing premium and MVP balances
- » Paying invoices
- » Manage Certificates of Insurance

ADMINISTRATOR ACCOUNT

Everything a manager account can access **plus:**

- » Manage My Team: a page summarizing balances, MVP status/balances, group member logins, education discounts earned
- » The ability to deactivate staff member Vantage accounts

Physician/

Group Name: _____ Account #: _____

On behalf of the above named group, the Undersigned Administrator and Physician Officers of the stated Group hereby authorize SVMIC to allow Vantage® Services be made available to the below named Administrator(s) as it pertains to this specific group, and according to the terms and provisions of the agreement, for the functions indicated below:

Practice Executive Information

Name: _____

Email: _____

Phone: _____

Account Type & Requested Authorization (Check all that apply)

- | | | |
|---|------|---|
| <input type="checkbox"/> MANAGER | -OR- | <input type="checkbox"/> ADMINISTRATOR |
| <input type="checkbox"/> Online premium payment | | <input type="checkbox"/> Manage My Team (includes online premium payment) |
| <input type="checkbox"/> Request COIs | | <input type="checkbox"/> Request COIs |
| <input type="checkbox"/> Add COI Holders | | <input type="checkbox"/> Add COI Holders |
| <input type="checkbox"/> Remove COI Holders | | <input type="checkbox"/> Remove COI Holders |

Practice Executive Information

Name: _____

Email: _____

Phone: _____

Account Type & Requested Authorization (Check all that apply)

- | | | |
|---|------|---|
| <input type="checkbox"/> MANAGER | -OR- | <input type="checkbox"/> ADMINISTRATOR |
| <input type="checkbox"/> Online premium payment | | <input type="checkbox"/> Manage My Team (includes online premium payment) |
| <input type="checkbox"/> Request COIs | | <input type="checkbox"/> Request COIs |
| <input type="checkbox"/> Add COI Holders | | <input type="checkbox"/> Add COI Holders |
| <input type="checkbox"/> Remove COI Holders | | <input type="checkbox"/> Remove COI Holders |

IN WITNESS WHEREOF, the parties hereto have executed this Agreement signifying their understanding and agreement to its terms.

For the Physician Group: *MANAGER ACCOUNT REQUIRES PHYSICIAN OFFICER SIGNATURE AND ADMINISTRATOR SIGNATURES. ADMINISTRATOR ACCOUNT REQUIRES PHYSICIAN OFFICER SIGNATURE. **NOTE: IF SIGNED ELECTRONICALLY, AUDIT DOCUMENT MUST BE ATTACHED TO APPLICATION.**

PHYSICIAN OFFICER SIGNATURE: *REQUIRED FOR ALL ACCOUNTS

Print Name: _____

Title: _____

Signature: _____

Date: _____

GROUP ADMINISTRATOR SIGNATURE: *REQUIRED FOR MANAGER ACCOUNTS ONLY

Print Name: _____

Title: _____

Signature: _____

Date: _____