



**Area Agency on Aging
of Northwest Michigan**

Dignity. Independence. Choice.

Vendor View Enrollment Form

Agency Name: _____

Contact Person: _____ Contact Phone: _____

Contact Email: _____

All contracted in-home service providers are required to enroll in Vendor View. All users must have their own username and password and agree not to share their information with anyone. The sharing of this information is considered to be a breach of HIPAA.

Vendor View User #1 ADD REMOVE

VV User with another Waiver Agent? Yes No Which Agent? _____

Name: _____

Email Address: _____

Choose Password: _____

(Cannot contain name of user, "password", begin with a number, or contain a symbol)

Check if needed: Notification Emails Billing Access

Vendor View User #2 ADD REMOVE

VV User with another Waiver Agent? Yes No Which Agent? _____

Name: _____

Email Address: _____

Choose Password: _____

(Cannot contain name of user, "password", begin with a number, or contain a symbol)

Check if needed: Notification Emails Billing Access

Each Vendor View User will receive a Welcome to Vendor View email with login information at the email address listed above

****** Please email completed form to providerbilling@aaanm.org ******