



**Commonwealth of Massachusetts  
Executive Office of Health and Human Services**

**New User Request & Account Modification  
Form for Virtual Gateway Access**

(MUST TYPE INFORMATION DIRECTLY INTO FORM)

**Instructions:**

Save document as YourOrganizationName.MMDDYYYY

Fill in form, place an "X" in the column with the requested role

Save Changes

Email completed form to:

[VirtualGatewayHelpDeskFaxes@massmail.state.ma.us](mailto:VirtualGatewayHelpDeskFaxes@massmail.state.ma.us)

Questions? Call the EOHHS Virtual Gateway Help Desk

1-800-421-0938

| First Name | Last Name | User PIN<br>Last 4 Digits of<br>SSN or MMDD of<br>Birth | Work E-mail Address | Work Phone # | PDM_Agency_Review | PDM_Cognos_User | PDM_Data_Entry_Administrator | PDM_Provider_Reviewer | PDM_Qualification_Staff | Check One |                      |                          |
|------------|-----------|---|---------------------|--------------|-------------------|-----------------|------------------------------|-----------------------|-------------------------|-----------|----------------------|--------------------------|
|            |           |   |                     |              |                   |                 |                              |                       |                         | New User  | Modify Existing User | Deactivate Existing User |
|            |           |   |                     |              |                   |                 |                              |                       |                         |           |                      |                          |
|            |           |   |                     |              |                   |                 |                              |                       |                         |           |                      |                          |
|            |           |   |                     |              |                   |                 |                              |                       |                         |           |                      |                          |
|            |           |   |                     |              |                   |                 |                              |                       |                         |           |                      |                          |
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|            |           |   |                     |              |                   |                 |                              |                       |                         |           |                      |                          |
|            |           |   |                     |              |                   |                 |                              |                       |                         |           |                      |                          |

**I HEREBY CERTIFY THAT I AM THE DULY AUTHORIZED ACCESS ADMINISTRATOR FOR MY ORGANIZATION OR AGENCY, AND THAT ALL OF THE INFORMATION I AM PROVIDING TO VIRTUAL GATEWAY OPERATIONS IS ACCURATE AND COMPLETE.**

|                                    |  |                        |  |
|------------------------------------|--|------------------------|--|
| Access Administrator Name          |  | Organization Full Name |  |
| Access Administrator Email Address |  | Organization ID Number |  |
| Date                               |  |                        |  |