GOVERNMENT PORTAL SITE ADMINISTRATOR REQUEST FORM

Use this form to request administrator privileges for TriWest Healthcare Alliance's secure Government Portal. Approved users will have Administrator access to TRICARE West Region data and tools.

Date of Request (MM/DD/YYYY):

Requester Information

Last Name:	First Name:
Organization Name:	Title:
Government Email:	
Reason You Are Requesting Access:	

Office Information

Organization: (Select one)

- ☐ Defense Health Agency (DHA)
- ☐ Defense Health Network (DHN)
- ☐ Military Medical Support Office (MMSO)
- ☐ Other:
- ☐ Military Medical Treatment Facility
- ☐ Public Health Service (PHS)
- ☐ National Oceanic and Atmospheric Administration (NOAA)

Primary Defense Medical Information Systems (DMIS):
Installation Name:

Requester's Supervisor Information

Supervisor Last Name:	Supervisor First Name:
Supervisor Email:	

Approval

Return this form to Brandon Hilliard at brandon.s.hilliard.civ@health.mil for approval.

Approver Signature:	Approval Date (MM/DD/YYYY):