



BCW-BIBS.COM ONLINE ACCESS

(Please keep a copy for your records)

www.BCW-BIBS.com

District/Agency/Independent Provider Information (Please Print)

Please complete the fields on this form and send the form to your associated District.

District/Agency/Independent Business Name _____

Tax ID Number _____

Type of Access:

- ☐ District (District employee)
- ☐ Agency (Agency with more than one provider)
- ☐ Independent (Individuals who have their own business)

User Information (Please Print)

☐ New User Information

☐ Change of Information: Please indicate the type of change ☐ Delete Access * ☐ Modify Access **

User First and Last Name _____

Phone () _____ EXT _____ Email*** _____

Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.

The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.

User ID 1) _____ 2) _____ 3) _____

(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)

Security Word _____

Security Question: What's your favorite artist? Answer _____

*Deleting BCW-BIBS.com online access does not end the Provider's enrollment with the CFO

** If this form is used to Modify Access – the access marked on this form will be the only access available to the user

***All email addresses must be unique per bcw-bibs.com user

User Online Access Types

Refer to the Online User Access Type Descriptions in the **BIBS-Enrollment Guide** document to view the different access type descriptions and permissions. Please review the list carefully for the accessibility needed. If more than one type of log in is required, your second or third choice of User ID will be entered.

District User Types

- ☐ EIC or Designee (Case Admin)
- ☐ District Provider
- District Coordinator
- ☐ Intake Coordinator
- ☐ Service Coordinator

Agency User Types

- ☐ Agency Administrator
- ☐ Agency Claims and Billing (Office personnel who performs billing for the agency)



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- ☐ Agency Provider
☐ Provider - Billing
☐ Provider – Non-billing

- ☐ Agency Coordinator
☐ Intake Coordinator
☐ Service Coordinator

Independent User Types

- ☐ Independent Provider/Administrator

- ☐ Independent Coordinator
☐ Intake Coordinator
☐ Service Coordinator

District Information

If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.

- | | |
|--|---|
| <input type="checkbox"/> 1-1 Rome (Northwest Health District) | <input type="checkbox"/> 5-1 Dublin (South Central Health District) |
| <input type="checkbox"/> 1-2 Dalton (North Georgia Health District) | <input type="checkbox"/> 5-2 Macon (North Central Health District) |
| <input type="checkbox"/> 2 Gainesville (North Health District) | <input type="checkbox"/> 6 Augusta (East Central Health District) |
| <input type="checkbox"/> 3-1 Cobb/Douglas (Cobb/Douglas Health District) | <input type="checkbox"/> 7 Columbus (West Central Health District) |
| <input type="checkbox"/> 3-2 Fulton (Fulton Health District) | <input type="checkbox"/> 8-1 Valdosta (South Health District) |
| <input type="checkbox"/> 3-3 Clayton (Clayton County Health District) | <input type="checkbox"/> 8-2 Albany (Southwest Health District) |
| <input type="checkbox"/> 3-4 East Metro (East Metro Health District) | <input type="checkbox"/> 9-1 Coastal (Coastal Health District) |
| <input type="checkbox"/> 3-5 DeKalb (DeKalb Health District) | <input type="checkbox"/> 9-2 Waycross (Southeast Health District) |
| <input type="checkbox"/> 4 LaGrange (LaGrange Health District) | <input type="checkbox"/> 10 Athens (Northeast Health District) |

Please complete and submit the form to your District

District Contact for Questions:

First Name _____ **Last Name** _____

Phone () _____ **EXT** _____ **Email** _____

User Signature: _____ **Date** _____

Agency Signature: _____ **Date** _____
(only applicable if access is for an agency user type)

District EIC Signature: _____ **Date** _____

The date the information is received and processed at the CFO office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access BCW-BIBS.com.