## How to fill out the Electronic Acknowledgement of Receipt (AOR) Form

1. The AOR form can be found here: [www.iehp.org](http://www.iehp.org) > For Providers > Provider Manuals or [www.iehp.org/providermanuals](http://www.iehp.org/providermanuals). Once the user clicks the link, the Provider will enter their unique 8-digit access code that was provided in the Provider Manual Distribution letter dated September 30.

   - The AOR form is accessible with the following compatible Browsers:
     - Google Chrome
     - Microsoft Edge
     - Mozilla Firefox
2. If the access code has already been used or if it has been entered incorrectly, an error message will appear, and the user will not be able to access the AOR form. The user will be directed to contact the IEHP Provider Relations Team. The two error messages that may appear are:

   A. “Case not found, please verify your access code.”
   - This error message occurs if the user has entered the access code incorrectly. Access codes are case sensitive, please make sure the user is entering the access code correctly.
   - There is no limit on the number of attempts for entering an access code. However, once the form is accessed and submitted the access code is no longer valid.

   B. “Access code has already been used.”
   - This error message appears when the access code has already been used and the AOR has been submitted. The date and time the AOR was submitted is provided.
3. If the access code has not been used, the AOR form will appear. The AOR will list the Providers within the Medical Group/Location
   - A. NPI
   - B. First Name
   - C. Last Name
   - D. Provider Type
   - E. Remove Provider checkbox
     - If a Provider is no longer with the group, the user can select the “Remove Provider” check box.

4. The form asks, “Are there additional Providers at your location for whom you are attesting?”
   - A. If “Yes” is selected, the following fields need to be filled out
     - NPI
     - First Name
     - Last Name
     - Provider Type
       - Direct Ancillary
       - PCP
       - OB/GYN
       - Specialist
       - Vision
       - Behavioral Health
   - B. If “No” is selected nothing happens, and the user can continue to the Contact Information Section.
5. In the Contact Information section, the Clinic/Entity’s Contact Information will be prepopulated in the AOR form.
   - Clinic/Entity Name
   - Address
   - City
   - State
   - Zip
   - Phone
   - Fax
   - E-mail

6. If the user clicks the check box, “Check here if contact information is different from above,” the form expands, and the user is required to fill out the following:
   - First Name
   - Last Name
   - Title
   - Phone
   - Fax
   - E-mail
* **Disclaimer:** Contact Information changes made here are for AOR purposes only. Providers are still responsible to notify IEHP and their respective IPAs regarding any contractual, demographic or location changes in a timely manner in compliance with IEHP policy.

7. The user must check the Attestation checkbox before clicking “Submit.” Also, the Date will automatically be recorded when clicking “Submit.”

8. After the AOR form is submitted, the access code and the Submission Complete status bar will appear in green on the top left corner of the form. The “Print this page” button also appears and gives the user the option to print the completed form.