



Request for Assistance Form: MYPARAMOUNT.ORG

Complete all fields below and email to: ProviderRelations.Paramount@MedMutual.com

What is the account username? _____

What is your first and last name? _____

What is the email address for the account? _____

Please provide your contact phone number. _____

If your issue is regarding claim search, please include the TIN, NPI, Member ID, and DOS or Claim number in the box below:

Please explain the issue:

Where is the error occurring? _____

If your account registration was unsuccessful, please provide the group information for us to process your account registration.

Tax ID

NPI

Claim Number

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If there are additional details you'd like to provide, please share:

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Please return completed forms with ATTN: MyParamount Portal to

ProviderRelations.Paramount@MedMutual.com