

DIRM Web Portal Request

Fax or email this form to the following address:

Division of Medical Assistance
Rate Setting Section
Stacey.crute@dhhs.nc.gov
Phone: (919) 814-0050
Fax: (919) 814-0031

Please add this primary user to the Web Portal

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Nursing Home:	<input type="text"/>
Corporate Name:	<input type="text"/>
Email Address:	<input type="text"/>
Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
County:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Please add this secondary user to the Web Portal

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Email Address:	<input type="text"/>
Title:	<input type="text"/>
Telephone Number:	<input type="text"/>