

- New HEALTHeNET Organization
- Modify an existing Organization  
What is the change? \_\_\_\_\_  
If name change, what is the old name: \_\_\_\_\_

*For Internal Use Only*

Date of Request: \_\_\_\_\_

Ticket Number: \_\_\_\_\_

*Note: if name change, will need to re-submit agreements with new name*

- Deactivate an Organization

### Organization Information – ALL FIELDS REQUIRED

Legal Entity Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tax ID(s): \_\_\_\_\_ Tax ID Name(s): \_\_\_\_\_

[Attach another page as necessary]

### Authorized Contact (Required):

***This is the person(s) who has the authority to add, modify and deactivate user accounts for the practice for HEALTHeNET. Please attach another sheet with the below information if more than 3 Authorized Contacts (AC) are chosen. Every AC needs to complete a HEALTHeNET User Account Form.***

Legal First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Authorized Contact (Optional):

Legal First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Authorized Contact (Optional):

Legal First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Please confirm that you are including (if applicable):

- HEALTHeNET Practice Confidentiality Agreement
- HEALTHeNET Software License Agreement
- HEALTHeNET Tax Identification Number Attestation Form
- HEALTHeNET User Account Form(s)