

- New HEALTHeNET User
- Modify an Existing User
What is the change? _____
- Deactivate a User

For Internal Use Only

Date of Request: _____

Ticket Number: _____

User Information – ALL FIELDS REQUIRED

First Name: _____ Last Name: _____

Date of Birth: _____

Legal Organization Name: _____

Organization State: _____ Organization County: _____

Phone Number: _____ Ext: _____

User's Individual E-mail Address: _____

Current Login ID (if applicable): _____

Employee ID (HealthNow only): _____

THIS SECTION IS FOR PHYSICIANS AND EXTENDERS (MD, DO, DPM, PA, RN, NP etc.) ONLY

Are you a physician? Yes No If yes, select Authorized Contact (AC) permission and choose a pin below.

Physician Name: _____

NPI: _____ NYS License #: _____

Organization Specialty (if applicable)

- Ground/Air Ambulance
- Durable Medical Equipment (DME)
- Laboratory
- Dental

Permissions automatically given to all users

- Eligibility Inquiry
- Referral Request
- Provider Inquiry
- Referral / Authorization Status Inquiry

Optional permissions to add

- Claims Status Inquiry (Note: All Payer users have this permission automatically)
- Batch Transactions through UI (Requires functionality in the submitters system to be able to provide transactions in EDI format)
- Authorized Contact (AC) (Must be approved by a current AC or a provider/owner of the organization and must sign below)
 - PIN _____ (Choose a 4-digit PIN)

Authorized Contact Approval – AC SIGNATURE REQUIRED (This is not the user named above)

I attest that I have verified the identity of the user named above in accordance with HEALTHeNET policies and procedures:

Authorized Contact Signature (Required) **Date**

Authorized Contact Name, Please Print (Required)

