

- 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: \_\_\_\_\_ Gender: \_\_\_\_\_

Legal Organization Name: \_\_\_\_\_

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 #: \_\_\_\_\_

**Access to Region(s) (For Practice Users ONLY)**

- Region 1 – Western New York
- Region 4 – Northeastern New York (Albany)

**Permissions automatically given to all users**

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

**Optional permissions to add**

- Claims Status Inquiry (Note: All Payer users have this permission automatically)
- Authorized Contact (AC) - must be approved by a current AC or a provider/owner of the organization (they 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)**

