

- New HEALTHeNET Organization
- Modify an existing Organization  
What is the change? \_\_\_\_\_
- Deactivate an Organization

*For Internal Use Only*

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

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

## **Organization Information – ALL FIELDS REQUIRED**

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

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

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

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

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

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

## **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):**

- License Agreement
- Group Confidentially Agreement
- User Account Form(s)

