

New HEALTHeNET User

Modify an Existing User

What is the change? _____ Current Login ID : _____

User Information – ALL FIELDS REQUIRED

First Name: _____ Last Name: _____

Date of Birth: _____

Legal Organization Name: _____

Organization address: _____

Organization City/State: _____ Organization County: _____

Phone Number: _____ Ext: _____

User's Individual E-mail Address: _____

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 Laboratory
 Durable Medical Equipment (DME) Dental

Permissions automatically given to all users

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

Optional permissions to add

- 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)
 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)
 HealthNow Authorized Contact (BlueCross BlueShield of Western New York / BlueShield of Northeastern New York) – Access to Risk Manager and Reports on Provider Website

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)

