

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)**

