

- New HEALTHeNET User
(Every user is required to have their own HEALTHeNET account. Sharing an account with other users is prohibited).
- New Authorized Contact (AC)
Choose a 4-digit PIN (Required) _____
- 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: _____ Fax Number: _____

User's Individual E-mail Address: _____

Employee ID (HealthNow only): _____

THIS SECTION IS FOR PHYSICIANS ONLY

Are you a physician? Yes No

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

- 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

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)**