

Add, Change and/or Delete Accounts Request Form

Add Accounts

First Name	Last Name	Title	Contact Email	Account type* Staff or Provider	NPI	Specialty	Med License Number

*For Providers please indicate NPI #. For staff member accounts identify "Staff". For Organization/Sub-Organization/Group Accounts identify the desired email address username (i.e. reception, labor and delivery, front desk, etc.).

Change Accounts

First Name	Last Name	Direct Address	Change Requested

Delete/Inactivate Account

First Name	Last Name	Direct Address	Delete/Inactivate/Revoke	Reason

Is there someone else you authorize to make such requests in the future?

First Name	Last Name	Title	Phone	Email

HCO Authorization

Name

Signature

Date

Organization/Practice