



EZNET USER APPLICATION
USER TYPE: Provider

Please complete Parts I, II, III, IV. All fields must be completed to establish a User account.

Part I. Practice Information

PHYSICIAN NAME/GROUP NAME: _____

LIST PHYSICIANS TO BE ACCESSED: _____

ADMINISTRATOR / POINT OF CONTACT: _____ PHONE: _____

Part II. User Information

LAST NAME: _____ BusinessEmail Address: _____

FIRST NAME: _____ Phone Number: _____

Position / Function: _____ FAX Number: _____

Existing EZNet User for different IPA? Yes No If Yes, EZNet User ID: _____

Is user employed by an off site Billing Service? Yes No Name of Billing Service/Company: _____

Part III. Confidentiality Statement

Through the EZNet system, the User will have access to confidential patient and financial data. User agrees that State/Federal laws and regulations regarding patient privacy and confidentiality also apply to electronic data. User agrees to maintain the confidentiality of all information received via the EZNet system in accordance with all applicable state and federal laws and regulations.

User Signature

Part IV. Provider Warranty and Approval

Provider agrees that State/Federal laws and regulations regarding patient privacy and confidentiality also apply to electronic data. Provider warrants that User understands and agrees to maintain the confidentiality of all information received via the EZNet system in accordance with all applicable state and federal laws and regulations.

Provider confirms/approves access for the above User.

Provider or Provider Representative Signature

Please fax completed form to (858) 824-7118

Part V. To be completed by SCPMCS Network Management Department

Dr. account (PCPs only)

CLIENT IPA DBASE:

SDPMG ICPMG MID CTY

SECURITY:

Inq. Auth. Inq. Claim
 Inq. Elig. Auth. Req. Full Claim
 Full Elig. Full Auth.

APPROVED: _____ DATE: _____

Part VI. To be completed by Information Services Department

USER LOGIN: _____

DEFAULT PASSWORD: _____

(Note: Default Password must be changed the first time user logs onto EZNet)

COMPLETED BY: _____ DATE CREATED: _____

Comments:

