EZ–NET USER REQUEST FORM
eznet.rchsd.org

Rady Children's Health

DATE:_____ ☐ NEW USER   ☐ EDIT USER   ☐ DELETE USER

NAME: *Last*: _____   *First*: _____
TITLE: _____   E-MAIL: _____
TELEPHONE: _____   FAX: _____
OFFICE/DEPARTMENT NAME:_____
OFFICE ADDRESS: _____
CITY: _____   STATE: _____   ZIP:_____
OFFICE TYPE: _____   FAX NO: _____
          (PCP; Specialist; Ancillary; Admin; Etc.)
PROVIDER TAX ID #: _____   SUPERVISOR NAME_____

Confidentiality Statement

Through the Ez-Net 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 Ez-Net system in accordance with all applicable state and federal laws and regulations.

_____
User Signature

Provider Warranty and Approval

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

Provider confirms/approves access for the above User.

_____
Provider or Supervisor Signature

PLEASE FAX COMPLETED FORM TO EZ–Net Support (858) 309–6279

ADMIN USE ONLY

COMPANY	ACCESS LEVEL			
	CLAIMS	**ELIGIBILITY**	**AUTHORIZATIONS**	
			VIEW	REQUEST
CHG				
CHOC				
MOLINA				
RCHN				
RCPS			■	■
SHPIND				
SRSMG			■	■

CPMG/RCHN Approval _____   DATE_____
RCS SD MF Approval_____   DATE_____

*********************************To be completed by EZ–Net Support*******************************

User Login: _____   Password: _____
                                                  Note: Password must be changed the first time user logs into EzNet

Completed by: _____   Date Created: _____

Please note: Access levels will be determined based on position/title and business need. User ID and password will be sent via email to the email address listed above. Please allow 7-10 business days for processing. Thank you.