

Name of Provider(s) or Practice(s):

Tax ID Number(s):

NPI Number(s):

Email Address:

Mailing Address (Include Full Practice Name & Suite Number):

Phone:

Fax:

Practice Management System Version (For eRA setup):

Electronic Claims Clearinghouse (if applicable):

User Accounts Requested (Username: 6-10 characters only. No special characters *;%# or spaces):

Up to four accounts can be requested on this form. Complete additional forms as needed for more account requests.

	User 1	User 2	User 3	User 4
Name				
Title:				
Desired Username:				

The following Hill Physicians eSolutions are included in this access request (unless otherwise specified):

- Inquiry/Provider and Practice Resources
- eAuth Submission
- eFT (electronic funds transfer)*
- eEOB (electronic explanation of benefits)

Please indicate your desire for access to other Hill Physicians eSolutions. *You will be contacted if further information and/or discussion is required.*

Ascender (Preventive health tracking and outreach system) *Currently available only for PCP*

RelayHealth® (A secure online system enabling communication with patients, providers & facilities)

eRA (dependent on your system's capabilities)

EHR/EPM (Nextgen) **Note:** This system is not available through Hill inSite access and requires additional procedures for application and set-up. *Providers only* may check the box to indicate interest. You will be contacted.

**You must also complete the Electronic Funds Transfer Verification/Release Form before access is granted.*

Please complete this form, print and hand to your *Practice Support Advisor* or send via fax to:

East Bay: (925) 743-9492
San Francisco: (925) 743-9492
Solano: (925) 743-9492
San Joaquin: (209) 762-5092
Sacramento: (916) 286-7002

If you have any questions, please contact us at inSite.Support@hpmg.com.