



### EZ-NET USER REQUEST FORM

[eznet.rchsd.org](http://eznet.rchsd.org)

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 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

**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
CKC				
CHG				
MOLINA				
RCHN				
RCPS				
SHPIND				
SRSMG				

CPMG/RCHN Approval \_\_\_\_\_ Date \_\_\_\_\_

RCSSD 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.*