



100 N Stoneman Ave, Alhambra, CA 91801, (626) 458-9600

EZNET ACCOUNT REQUEST FORM

**NOTE: ACCESS IS FOR CONTRACTED FACILITIES/ PROVIDERS ONLY.
OTHERWISE, REQUEST WILL BE AUTOMATICALLY DENIED.**

Hospital/ IPA / Entity Name: _____
NPI Number: _____
TAX ID Number: _____

Account requested for (User):

First Name: _____ Last Name: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Access to: MSO/ MANAGED CARE
 ACCOUNTABLE CARE ORGANIZATION (ACO)

User's Signature/ Date

Requested by:

Manager's Printed Name and Signature/ Date

Instructions:

- 1. Scan and submit completed form to portalaccess@healthsourcemso.com
- 2. Access to EZNET is restricted to specifically authorized users only and shall only be used in accordance with existing policies. EZNET is subject to monitoring by Information Technology Division.
- 3. Violators will be subject to criminal and/or civil prosecution to the fullest extent of the Law.
- 4. **ALL FIELDS ABOVE REQUIRED.**

PLEASE DO NOT WRITE BELOW THIS LINE

Received and Processed by: _____ Date Received: _____

VALIDATION: DATABASE LOOKUP NPI LOOKUP PHONE EMAIL
 OTHERS _____

NR OF ACTIVE USER/REP IN SYSTEM: _____

IT Management/ Date

Management/ Date

APPROVED DENIED

Username assigned: _____
Account created by: _____ Date created: _____