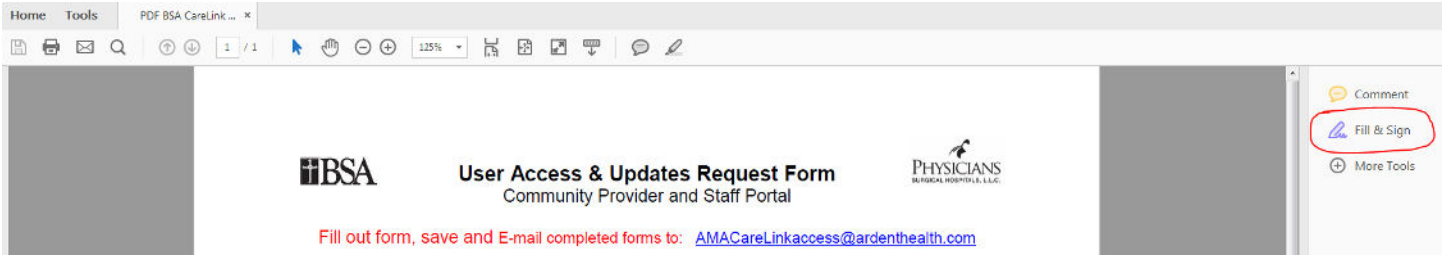


How to complete the User Access & Updates Request Form

SECTION 1:

Select the Fill & Sign to the right side of the PDF. This will allow you to choose typing for boxes that require writing and checkmarks or x's for the small check boxes.



(1)

Completed by: (if not requestor) [Redacted]	Phone Number: [Redacted]	Requestor's Email: [Redacted]
<input type="checkbox"/> New Request <input type="checkbox"/> Update <input type="checkbox"/> Deactivate		
<u>CareLink Portal Access:</u> <input type="checkbox"/> Provider <input type="checkbox"/> Clinical Support <input type="checkbox"/> Front Desk <input type="checkbox"/> Biller/Coder <input type="checkbox"/> Study Monitor <input type="checkbox"/> Surgery Scheduler <input type="checkbox"/> 3 rd Party Contractor		
Reason for Request: [Redacted]		

- Completed by: If you are not the requestor, provide your contact information. If there is a problem you will be notified!
- CareLink Portal Access: Community Providers and Clinical Staff access, to review patient charts, send and receive secure messages and complete other tasks
 - Community Provider – Any providers that are not Ardent employed or Ardent privileged providers
 - In Basket, Full Chart Review, Orders/Referrals, Demographics, Future Appointment Review, Surgeons Daily Schedules
 - Clinical Office Staff – RN, LPN, MA, Surgery Schedulers
 - In Basket, Full Chart Review, Orders/Referrals, Demographics, Future Appointment Review, Surgeons Daily Schedules
 - Front Desk Staff – Front desk staff and Referral staff
 - In Basket, Demographics, Orders/Referrals Review, Future Appointment Review, Surgeons Daily Schedules
 - Biller/Coder/Study Monitor – Billers, Coders or Research Study Monitors
 - In Basket, Chart Review, Document Upload, Demographics, Surgeon Daily Schedules
 - Adding this Provider as a referring provider
- Reason for Request: Short description to indicate the need

SECTION 2:

(2)

Provider Requesting Access Section			
Last Name & Suffix: <i>(Sr, Jr, III, etc.)</i> []		First Name: <i>(As appears on Medical License)</i> []	MI: []
Title: <i>(MD, DO, CFNP etc.)</i> []	Provider Billing Number (NPI): []	DEA Number: []	
Epic ID: <i>(Required if an Update)</i> []	Last 4 digits of SS#: <i>(Always Required)</i> []	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Provider Billing Specialty: []		Provider Billing Taxonomy: []	
State License Number: []		License Exp Date: []	
Practice Name: []	Address: []	Address 2: []	
City: []		State: []	Zip: []
Phone: []	Fax: []	Professional email Required: []	

- If you are a Provider please supply your Last Name, First Name, Title, Specialty, NPI and Taxonomy are **all required fields** for the provider applications
- DEA Number should it apply
- Epic ID - If revising an existing provider please include the providers Login which they have been assigned. For New Provider requests, leave the field blank
- The NPI and Taxonomy **are required fields**. The NPI, Taxonomy can be found on the website <https://nppes.cms.hhs.gov/NPPESRegistry>
- **A valid email address is required for every request.** This must reflect a private professional email
 - Example: sally.jones@privatepractice.com

Staff Requesting Access Section			
Last Name & Suffix: <i>(Sr, Jr, III, etc.)</i> []	First Name: []	MI: []	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Credentials: [] <i>(RN, MA, LPN, etc.)</i>	Job Title/Role: []	Last 4 digits of SS#: <i>(Always Required)</i> []	
Practice Name: []	Address: []	Address 2: []	
City: []		State: []	Zip: []
Phone: []	Fax: []	Professional email Required: []	
User Context Number <i>(Internal use only)</i> : []			

- If you hold a position of anything other than a provider please supply your Last Name, First Name, Middle, Credentials, Job Title/Role and SS# are **all required fields** for the application
- **A valid email address is required for every request.** This must reflect a private professional email
 - Example: sally.jones@privatepractice.com