How to complete the User Access & Updates Request Form

SECTION 1:

(1)

Requested by:		Phone Number:	

- Identify yourself and provide contact information. If there is a problem you will be notified!

Reason for Request:	

- Short description to indicate the need.
  - Revise the provider's fax information
  - Adding this Provider as a referring provider

(2)

Type of access needed for: ☐ Referring ☐ Employed/Privileged ☐ Other (Resident, PA Student)

- Identify what the provider's status is.
  - Referring - a provider that is being created for billing purposes, will not be accessing patient records.
  - Employed/Privileged – employed or privileged providers requiring access to Epic Hyperspace.
  - Other -

(3)

CareLink Portal Access (Community Providers and Clinical Staff only): ☐ Provider ☐ Clinical Support Staff ☐ Front Desk Staff ☐ Biller/Coder ☐ Study Monitor

(Employed/Privileged only) Access for: ☐ Haiku/Canto (mobile access) ☐ Dragon (dictation)

- CareLink Portal Access – Community access through a web browser, 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

(4)

Privileged at: ☐ Lovelace Westside ☐ Lovelace Women's ☐ LMC ☐ Lovelace/UNM Rehab

☐ Lovelace Regional - Roswell

- Identify where the Provider is requesting privileges, select all that apply

(5)

Email address required for all applications:

- A valid email address is required for every request. This must reflect a private professional email.
  - Example: sally.jones@privatepractice.com

SECTION 2:

(6)

Requesting Provider/User Information:		
Last Name & Entitle: ▭ *(Sr, Jr, III, etc.)*	First Name: ▭ *(As appears on Medical License)*	MI: ▭
Title: ▭ *(MD, DO, CFNP, RN, etc.)*	Gender: ☐ M ☐ F	DEA Number: ▭
Provider Billing Specialty: ▭		Epic ID: ▭ *(Internal use only)*

- Provider Last Name, First Name , Title, Specialty are <u>all required fields</u> for the clinical applications
- DEA Number, most times this can be found on the order itself
- 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.

(7)

Provider Billing Number (NPI): ▭	Provider Billing Taxonomy: ▭	
State License Number: ▭	License Exp Date: ▭	Last 4 digits of SS# *(office staff only)*: ▭

- The NPI and Taxonomy <u>are required fields</u>
- The NPI, Taxonomy can be found on the website https://nppes.cms.hhs.gov/NPPESRegistry

(8)

Practice Physical Address: ☐ Primary Practice ☐ Other Practice			
Practice Name: ▭		User Context Number: ▭ *(Internal use only)*	
Address: ▭		TIN: ▭	
City: ▭		State: ▭	Zip: ▭
Phone: ▭	Fax: ▭	☐ Do Not Fax Reports	Individual's Professional email: ▭

- Practice Information can be found on the website https://nppes.cms.hhs.gov/NPPESRegistry , however please verify the phone/fax numbers
- Notice the check boxes to indicate Primary vs. Other (additional) Practices.
- Individual's Professional email field is <u>required</u>.

(9)

Mailing Address (if different from above): ☐ Other (please explain) ▭			
Practice Name: ▭		User Context Number: ▭ *(Internal use only)*	
Address: ▭			
City: ▭		State: ▭	Zip: ▭
Phone: ▭	Fax: ▭	☐ Do Not Fax Reports	Individual's Professional email: ▭

- Mailing Address can be used for a different Billing Address. Please the "Other (please explain)" field to indicate this is a Billing address vs. a secondary Practice address.
- Individual's Professional email field is <u>required</u>.