



Request for eQSuite® Access

Complete this form and submit it electronically to co.pr@eqhs.com to gain access to eQSuite® as a System Administrator or fax to 1-866-940-4288. As a System Administrator you will be able to submit Prior Authorization Requests (PARs) for your group/practice as well as create and manage eQSuite® user accounts for your staff.

Group/Practice Name:

Health First Colorado Provider NPI #

Colorado Provider Medicaid ID:

Type of PARs Requested: (check all that apply)

<input type="checkbox"/>	Audiology	<input type="checkbox"/>	Pediatric Long-term Home Health
<input type="checkbox"/>	Diagnostic Imaging	<input type="checkbox"/>	Pediatric Personal Care
<input type="checkbox"/>	Durable Medical Equipment	<input type="checkbox"/>	Physical/Occupational Therapy
<input type="checkbox"/>	Long-Term Support Services	<input type="checkbox"/>	Private Duty Nursing (PDN)
<input type="checkbox"/>	Medical Services	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Molecular Testing	<input type="checkbox"/>	Synagis
<input type="checkbox"/>	PASRR	<input type="checkbox"/>	Vision

*****Do NOT check all boxes.** (Your access is based on your Provider Type)

First & Last Name:

Email Address:

Phone Number: **Extension:**

IMPORTANT INFORMATION (please read before signing)

UNAUTHORIZED ACCESS TO eQSuite® IS PROHIBITED BY LAW

By signing this form, you are attesting that you understand that accessing eQSuite® is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.

SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use of eQSuite®. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA.

Signature:

Date