



eQSuite® Access Form

Complete and submit this form to obtain System Administrator Access to eQSuite® for your Group/Practice. Once we create User Access for your provider group the System Administrator will be able to create and manage additional eQSuite® user accounts for your staff.

Please Type in the Fillable Fields and email this form to

CO.PR@EQHS.COM or Fax: 866-940-4288

Providers Information
Access is granted based off of your Provider Type

System Administrator First and Last Name	
Group/Practice Name	
NPI #	
Billing Medicaid ID#	
Phone #	
Email Address	
Service Setting	

Signature
I agree that all information is correct and accurate to the best of my knowledge

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	