


****Please type your information directly into the form prior to printing. ****

		Access Request Form		
Name of Provider(s) or Practice(s):				
Tax ID Number(s):		NPI Number(s):		
Mailing Address (Include Full Practice Name & Suite Number):				
Phone:		Fax:		
User Accounts Requested (Username: 6-10 characters only. No special characters *;%# or spaces): Up to four accounts can be requested on this form. Complete additional forms as needed for more account requests.				
	User 1	User 2	User 3	User 4
Name (First & Last):				
Email Address:				
Title:				
Desired Username:				
The following Hill Physicians eSolutions are included in this access request (unless otherwise specified): <ul style="list-style-type: none"> • Inquiry/Provider and Practice Resources • eAuth Submission 				
Please indicate your desire for access to other Hill Physicians eSolutions. <i>You will be contacted if further information and/or discussion is required.</i>				
<input type="checkbox"/> Cozeva (Preventive health tracking and outreach system) <input type="checkbox"/> eEOB (Electronic explanation of benefits) <input type="checkbox"/> eFT (Electronic funds transfer)* <input type="checkbox"/> eRA (835 file)				
<i>*You must also complete the Electronic Funds Transfer Verification/Release Form before access is granted.</i>				

Please complete this form and fax to your Practice Support Advisor

East Bay, San Francisco, Solano: (925) 743-9492

Sacramento: (916) 286-7096

San Joaquin: (209) 762-5092

If you have any questions, please email us inSite.support@hpmg.com