



Billing Service Authorization Form

This form is required in order for billing services to access Hill Physicians participating provider protected health information (PHI). The billing service must obtain written permission from each practice they service in order to use *Hill inSite* on the practices' behalf.

The following portion should be completed by the billing service:

Name of Billing Service:

Address:

City, State, Zip:

Hill inSite users: please complete the following:

Your name:

Hill inSite Username:

The following portion should be completed by the Hill Physicians Medical Group practice:

I affirm that I have obtained a business associate agreement with the above billing service and grant them access to Hill inSite and Hill eSolutions on my behalf.

Name of Provider or Practice:

Tax ID Number(s):

NPI Number(s):

Authorized Representative (please print name and title):

Signature:

Please complete this form, print and hand to your *Practice Support Advisor* or send via fax to:

East Bay: (925) 743-9492
San Francisco: (925) 743-9492
Solano: (925) 743-9492
San Joaquin: (209) 762-5092
Sacramento: (916) 286-7096

If you have any questions, please contact us at inSite.Support@hpmg.com.