**USER MAINTENANCE REQUEST FORM**

Entity Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entity Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_

Affiliate Provider NPI: (Optional)

Please add the following users for ***Blue e*** access:

|  |  |  |
| --- | --- | --- |
| **User Information** (for ***Blue e*** access) | | |
| **User Name**  (First, Middle Initial, Last) | **Job Responsibility**  (e.g., Registration, Billing, Human  Resources, EFT\*) | **User Email Address** |
|  |  |  |
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|  |  |  |

**\*Please see the amended *Blue e* Network Agreement online for directives about users with EFT access.**

Please delete the following users from ***Blue e*** access:

|  |  |
| --- | --- |
| **User Name**  (First, Middle Initial, Last) | **User Name**  (First, Middle Initial, Last) |
|  |  |
|  |  |
|  |  |

Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Email Address (required for confirmation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature and Printed Name Date

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