



MVP Health Care Inc. System Access Information Form

Today's Date: _____

Page: _____ of _____ Pages

Each office to complete (one form for each office)

Utilize as many sheets as necessary to document all persons

Provider / Practice Name : _____	
Provider Tax ID Number(s) : _____	
Primary Office E-mail Address : _____	
Full Street Address : _____	Office Phone Number : _____
Primary Office Contact Full Name: _____	Primary Contact Phone Number : _____
Alt. Office Contact Full Name : _____	Alt. Contact Phone Number : _____
Alt. Office email address: _____	FAX Phone Number: _____

Instructions

1. Each provider office **must** provide a primary and, if available, an alternate office contact who is responsible to manage *easyLinksm* access for the users in the office. This is the person who should fill out the information and users on this form.
2. The primary or alternate office contact persons are the only ones who can call and change access capabilities for the users identified in the office.
3. The office contact must validate the minimum level of access for each user.
4. If a provider has several offices (addresses), fill out one sheet for each separate office location identifying the applicable contacts.
5. List the users at each office needing access to *easyLinksm* (see the reverse side of this form). Copy this form if more space is required to identify additional offices or office staff.

6. Mail the completed forms to:
MVP Health Care
E-Support Help Desk
220 Alexander Street
Rochester, New York 14607

Fax Option: Fax completed forms to 585-327-2469

Questions? Please contact the MVP Health Care E-Support office, Monday through Friday from 8:00 a.m. until 5:00 p.m. at 1-888-656-5695, or e-mail esupport@mvphealthcare.com.



**Passcode Request Form
For easyLink for Providers**

Name _____

Office Name _____

Direct Phone # _____

All individuals requesting access needs to complete this form.

Instructions:

Create a strong, unique passcode consisting of 8 characters with a **minimum** of:

- 1 alpha character (a – z) – not case sensitive
- 1 numeric character (0 – 9)
- 1 special character from the following list: !, @, #, \$, %, &, *, +, and _.

Tip: To create a strong, easily remembered passcode, choose a phrase that has significance and use the first letter of each word, substituting numeric and special characters for some words. **Example:** My favorite dinner is one pound of Shrimp. The passcode could be “Mfdi1#oS”.

***Desired Passcode**

Please print clearly.

_____ **MUST be 8 characters long using the above instructions**

Note: On your initial log in to easyLink, you will be asked to personalize your account and change this passcode. Retain a copy of your passcode, protect it, and do not share it with anyone.

User Validation Information (In the event you forget your passcode, we need another piece of information unique to you to verify your identity.)

What is your mother's maiden name? _____

Fax form to E-Support Help Desk at MVP Health Care at **(585) 327-2469**

For technical assistance, contact MVP Health Care's E-Support Department
Phone: 1-888-656-5695 E-mail esupport@mvphealthcare.com