

EASY CARE MSO, LLC
Web Portal Application

Date: _____

Physician Type: Primary Care Physician Specialist

Provider Type: Contracted Non-Contracted

Physician Name:

Physician NPI:

Physician Signature*

Group NPI:

Facility Address:

Group Name:

Remit Payment Address:

Vendor NPI:

Phone # :

Fax # :

Office Contact Name:

Email Address:

OFFICE STAFF INFORMATION

Employee Full Name

Employee Signature*

- ACCESS LEVEL
- Read Only - Claims / Authorizations
 - Submit Claims
 - Submit Authorizations
 - FTP / DataExchange Portal

Employee Full Name

Employee Signature*

- ACCESS LEVEL
- Read Only - Claims / Authorizations
 - Submit Claims
 - Submit Authorizations
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Employee Full Name

Employee Signature*

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Employee Full Name

Employee Signature*

- ACCESS LEVEL
- Read Only - Claims / Authorizations
 - Submit Claims
 - Submit Authorizations
 - FTP / DataExchange Portal

*As users of the On-Line Web Based Systems, it is required to sign a release form authorizing you and your staff to access the system. Maximum number of users per provider/group is 5. Please allow 10 Business Days It is your responsibility to notify Easy Care MSO when an Office Staff member's login needs to be deactivated. REMINDER, PCPS ARE TO SUBMIT ALL AUTHORIZATIONS, SPECIALIST WILL NOT HAVE ACCESS TO SUBMITTING AUTHORIZATIONS. IT0009.1

EASY CARE MSO, LLC
Web Portal Application

Please List any additional Providers associated with your office

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

ADDITIONAL PHYSICIAN INFORMATION

Provider Name	Title	Signature*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider NPI		Billing Tax ID
<input type="text"/>		<input type="text"/>

*As users of the On-Line Web Based System, it is required to sign a release form authorizing you and your staff to access the system. Maximum number of users per provider is 5. Please allow 10 Business Days to process your application.

It is your responsibility to notify Easy Care MSO when an Office Staff member's login or Physician's login needs to be deactivated.

EASY CARE MSO, LLC
Web Portal Application/Agreement for Web Portal Use

I (we) hereby request authorization from Easy Care MSO, LLC to use the web based management system and FTP/DataExchange Portal for the following:

- Eligibility Verification
- Claims/Encounter Submission
- Claim Status
- Authorization Requests
- Authorization Status
- Exchange of data files related to transactions as business associates (FTP)

I agree to employ reasonable security procedures to ensure the privacy, security, and integrity of data electronically exchanged.

I hereby agree that the information submitted via the web portal is accurate, reliable and complete.

I agree to adhere to the HIPAA policies and procedures regarding patient privacy and the security of patient privacy and the security of patient information.

I have read the above agreement and agree to comply with its terms as condition of access to the web portal.

PCP Name (Printed)

Signature

Date

Please Fax completed forms to : 1 (562) 676-9696