



## eQSuite® Access Form

Complete and submit this form to obtain System Administrator Access to eQSuite® for your Group/Practice. Once we create User Access for your provider group the System Administrator will be able to create and manage additional eQSuite® user accounts for your staff.

Please Type in the Fillable Fields and email this form to

[CO.PR@EQHS.COM](mailto:CO.PR@EQHS.COM) or Fax: 866-940-4288

**Providers Information**  
*Access is granted based off of your Provider Type*

<b>System Administrator</b> First and Last Name	
<b>Group/Practice Name</b>	
<b>NPI #</b>	
<b>Billing Medicaid ID#</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Service Setting</b>	

**Signature**  
*I agree that all information is correct and accurate to the best of my knowledge*

**IMPORTANT INFORMATION**  
(Please read before signing)

**UNAUTHORIZED ACCESS TO eQSuite® IS PROHIBITED BY LAW**

By signing this form, you are attesting that you understand that accessing eQSuite® is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.

**SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA**

I agree to establish and implement proper safeguards against unauthorized use of eQSuite®. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA.

<b>Signature</b>	
<b>Date</b>	