



**EZ-Net Access Agreement
& User Registration**

*(Non-Contracted Specialists and 3rd Party Billing
Companies)*

What is EZ-Net? EZ-Net is an on-line software program that will assist you in verifying member eligibility with AZPC, allows you to check status of prior authorizations submitted; and check status of claims submitted as well as access to **Electronic Remittance Advices (ERA)**. **PLEASE NOTE: This on-line software program is ONLY compatible with Internet Explorer 10 or higher.**

Directions: For access to AZPC's EZ-Net System, please complete this form and return it to AZPC's Provider Relations Department via fax at 480-403-8209 or email providerrelations@azprioritycare.com.

INCOMPLETE FORMS WILL BE RETURNED PRIOR TO GRANTING ACCESS

*Please **PRINT** clearly and completely.*

Requestor First Name:	Requestor Last Name:	
Title:	Requestor Phone:	Requestor Fax:
Practice/Provider Name:		Tax ID# (Required):
Email Address (email address is <u>Required</u> in order for access to be granted):		

**ACCEPTANCE OF ARIZONA PRIORITY CARE'S EZ-NET
DATA ACCESS TERMS & CONDITIONS**

I understand and accept that being granted access to Arizona Priority Care's on-line application, named *EZ-Net* involves my assuming considerable responsibility for maintaining the integrity and security of Arizona Priority Care's data. I am responsible for the privacy and confidentiality of any Arizona Priority Care's data to which I have access.

My signature affixed certifies that I have read and agree to the terms and conditions stated in the first paragraph and will comply with all requirements as directed by Arizona Priority Care.

Requestor Signature (Required):	
Manager/Physician of Group Signature (Required):	Date:

NOTICE: This communication is intended for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, or the employee or the agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, email or facsimile and disregard this form

Internal Use Only:

Provider Relations Rep Name: _____

Approved: _____

Denied: _____

Tracker: _____