![Arizona Priority Care logo]

Request for User Termination of qHMO, EZ-Net, &AZ Connect

We recognize that change is constant. Please use this form to request AZPC to remove users currently accessing information for your provider office. We will gladly remove users within 48 hours of notice.

Directions: *For request of **termination** for users in AZPC's qHMO, EZ-Net, and/or AZ Connect systems, please complete this form and return it to AZPC's Provider Relations Department via fax at 480-403-8209 or email providerrelations@azprioritycare.com.*

Please __PRINT__ clearly and completely.

User's First Name:	**User's Last Name:**
Requestor Phone: ( )	**Effective Date of Termination:**
Practice/Provider Name:	**Tax ID# (*Required*):**

System to remove: *Please place an __X__ next to the system(s) you would like to have removed*

AZ Connect System: _____   EZ-Net System: _____   qHMO System: _____

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

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