



**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):
<u>System to remove:</u> Please place an <u>X</u> 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:

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.

<p align="center"><i>Internal Use Only:</i></p> <p><input type="checkbox"/> Removed from system</p> <p><input type="checkbox"/> PR Rep notified</p> <p><input type="checkbox"/> Tracker</p>
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