EZ-Net Access Agreement & User Registration Form

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.*

Review and creation of your account could take up to 3 weeks.

PLEASE NOTE: This on-line software program is ONLY compatible with Internet Explorer 10 or higher.

INCOMPLETE FORMS WILL CAUSE DELAY IN CREATING YOUR ACCOUNT AND WILL BE RETURNED TO YOU FOR COMPLETION

Please PRINT clearly and COMPLETELY.

Requestor First Name:		**Requestor Last Name:**	
Title:	**Requestor Phone:**	**Requestor Fax:**	
Practice/Provider Name:			
Tax ID# (*Required*):	**Practice/Provider Has Multiple Locations/NPIs:** *If checked, please complete an EZ-Net Vendor Roster and attach it to this completed registration form*		☐
Email Address (email address is *Required* in order for access to be granted):			
Electronic Remittance Advices (ERA) *Please check the box if you are needing access:*	☐	**Electronic Funds Transfer (EFT)** *Please check the box if you are needing access and be sure to fill out the EFT Authorization Form:*	☐

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.

☐	****REQUIRED**** **By checking this box, I am acknowledging the requirement of maintaining access to EZ-Net to obtain ERAs if granted payment by EFT.**
Requestor Signature (*Required*):	
Manager/Physician of Group Signature (*Required*):	**Date:**

Electronic Signatures Not Accepted

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:			
User Name: ______________________	**Approved:** ☐	Date: __________	Initials: ______
Contracted Group – Yes: ☐ **No:** ☐	**Denied:** ☐	Date: __________	Initials: ______
PR Rep: ______________________	**Tracker:** ☐	Date: __________	Initials: ______
User Guide/PW/UN Sent: Date: ________ Initials: ______	**PW Reset:** ☐	Date: __________	Initials: ______