

LEGAL NOTICES AND CONDITIONS OF USE

PLEASE READ THESE TERMS OF USE CAREFULLY BEFORE USING ARIZONA PRIORITY CARE'S INTERNET ACCESS PORTALS.

By using any of the sites listed below, you agree to these terms of use:

- AZ Connect
- Q.HMO
- EZ-NET

Requirements

Account requestors must have an individual email address that is used solely by the account requestor to establish an account with any of the sites listed above. Business email domains are preferred.

Restrictions on Use of Materials

These sites are owned and operated by Arizona Priority Care (AZPC) and/or its affiliates. Any activity on these sites is subject to monitoring by AZPC at any time. Anyone who uses these sites consents to such monitoring and agrees that AZPC may use the results of such monitoring without limitation. No material from any website owned, operated, licensed or controlled by AZPC may be copied, reproduced, or distributed in any way, without the prior written consent of AZPC. Modification or use of the AZPC material for any other purpose is a violation of AZPC copyright, service mark, and other proprietary rights.

User ID and password sharing on any of AZPC's sites is strictly prohibited. The use of a shared business based email address for obtaining an account is strictly prohibited.

Reporting

The Practice Administrator is required to report to AZPC any terminated employees with portal access within 30 days of their termination date. The use of the 'Request for User Termination Form' is the preferred method of notifying AZPC of any termination, employee title changes that would require their access to be revoked from AZPC portals, etc. Please ensure you complete the Termination Form in its entirety before submitting, and as soon as possible.

Limitation of Liability

Under no circumstances, including, but not limited to, negligence, shall AZPC be liable for any direct, indirect, incidental, special, consequential, or punitive damages that result from the use of, or the inability to use, any AZPC website. If you are dissatisfied with any of the AZPC material, or with any of the terms and conditions, your sole and exclusive remedy is to discontinue using these sites.

Termination

Either party may terminate the use of these sites. The use of these sites will terminate immediately without notice from AZPC if, in AZPC's sole discretion, you fail to comply with any term or provision of your Agreement with AZPC. Upon termination, you must return to AZPC all materials obtained from this site. Accounts that are inactive for 90 days will be deactivated.

Confidentiality

Professional acknowledges and agrees that use of these sites, and the terms and conditions set forth in accordance to your Agreement, are confidential. Professional, on behalf of himself, his agents and employees, covenants and agrees not to disclose directly or indirectly the information of this site, whether in whole or in part, to any third party or entity, except when necessary in the performance of this Agreement or required by law.

Disclaimer

AZPC MAKES NO WARRANTIES OR REPRESENTATIONS AS TO THE ACCURACY OF THE CONTENT ON THESE SITES AND AZPC ASSUMES NO LIABILITY OR RESPONSIBILITY FOR ANY ERRORS OR OMISSIONS IN THE CONTENT. THIS MATERIAL IS PROVIDED AS IS AND WITHOUT WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED. FURTHER, AZPC DOES NOT WARRANT THAT THE FUNCTIONS CONTAINED IN THE AZPC MATERIAL WILL BE UNINTERRUPTED OR ERROR-FREE, THAT DEFECTS WILL BE CORRECTED, OR THAT THE SITES OR THE SERVICER THAT MAKES IT AVAILABLE ARE FREE OF VIRUSES OR OTHER HARMFUL COMPONENTS. IN NO EVENT WILL AZPC BE LIABLE OR RESPONSIBLE FOR ANY DAMAGE TO YOUR SYSTEM OR THE SYSTEM YOU ARE USING. AZPC DOES NOT WARRANT OR MAKE ANY REPRESENTATIONS REGARDING THE USE OR THE RESULTS OF THE USE OF THE MATERIAL IN THESE SITES IN TERMS OF CORRECTNESS, ACCURACY, TIMELINESS, RELIABILITY OR OTHERWISE. PLEASE NOTE THAT SOME JURISDICTIONS MAY NOT ALLOW THE EXCLUSION OF IMPLIED WARRANTIES, SO SOME OF THE ABOVE EXCLUSIONS MAY NOT APPLY TO YOU. CHECK YOUR LOCAL LAWS FOR ANY RESTRICTIONS OR LIMITATIONS REGARDING THE EXCLUSION OF IMPLIED WARRANTIES.



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.

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: <i>If checked, please complete an EZ-Net Vendor Roster and attach it to this completed registration form</i>		<input type="checkbox"/>
Email Address (Required [business email address is preferred]):			
Electronic Remittance Advices (ERA) <i>Please check the box if you are needing access:</i>	<input type="checkbox"/>	Electronic Funds Transfer (EFT) <i>Please check the box if you are needing access and be sure to fill out the EFT Authorization Form:</i>	<input type="checkbox"/>

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. I am also responsible for notifying Arizona Priority Care of any employment termination of someone that has access to any AZPC systems so their account can be disabled immediately.

My signature affixed certifies that I have read and agree to the Legal Notices and Conditions of Use and will comply with all requirements as directed by Arizona Priority Care.

<input type="checkbox"/>	*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: <input type="checkbox"/>	Date: _____	Initials: _____
Contracted Group – Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: _____	Initials: _____
PR Rep: _____	Tracker: <input type="checkbox"/>	Date: _____	Initials: _____
User Guide/PW/UN Sent: Date: _____ Initials: _____	PW Reset: <input type="checkbox"/>	Date: _____	Initials: _____



**Request for User Termination of
AZPC Online Systems**
AZ Connect, EZ-Net, and q.HMO

Arizona Priority Care upholds the importance of maintaining the integrity and security of our data. And although the online portals we provide our offices are very valuable tools, there is also a considerable amount of responsibility and monitoring we need to implement to ensure the data is safe.

We recognize that change is constant and employment termination, title changes, responsibility changes, etc. happen every day. To ensure the privacy and confidentiality of the data on these portals are secure, we ask that you please use this form to request AZPC to remove users currently accessing information for your provider office that **should NO longer be able to access it.** *Users will be removed within 48 hours of notice.*

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

INCOMPLETE FORMS WILL BE RETURNED PRIOR TO PROCESSING
*Please **PRINT** clearly and completely.*

Group/Vendor Name:		TIN (Required):	
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User's First Name:	User's Last Name:	Effective Date of Termination/Change:
System(s) To Remove User Access From (Please check off all that apply):		
AZ CONNECT <input type="checkbox"/>	EZ-NET <input type="checkbox"/>	q.HMO <input type="checkbox"/>

Requestor's First Name:	Requestor's Last Name:	Phone Number:
Title:	Signature:	Date:
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:			
PR Rep:	Coordinator/Staff Name:	Date:	
Systems User Was Removed/Disabled From: AZ Connect <input type="checkbox"/> EZ-Net <input type="checkbox"/> q.HMO <input type="checkbox"/>		Added/Noted on Tracker: <input type="checkbox"/>	Date:
			Initials: