



EPIC LINK
Addition/Deletion Request Form

Please print clearly

Facility						
Practice Address (Complete address)						
City		State: CA	Zip:		Tax ID:	
Specialist or PCP?	If PCP what is the Location Number: _____					

Provider(s)/MD's connected with this tax #	1.	2.
	3.	4.
	5.	6.

LINK ADMINISTRATOR

Name					Chart	View	Referral Entry
	Office Title	Last	First	MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone		Fax		Email			

Legend: Security Access Definition:

- **Chart:** *The ability to view member medical records (Recommended for back office personnel)*
- **View:** *Access to view claims, members' eligibility and benefits, referral status, authorization etc. (Recommended for everyone, the most basic access)*
- **Referral Entry:** *Ability to create a referral (Recommended for back office personnel)*

ADDITIONAL ACCOUNT: User information

1				Chart	View	Referral Entry
	Office Title	Last	First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2				Chart	View	Referral Entry
	Office Title	Last	First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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3				Chart	View	Referral Entry
	Office Title	Last	First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4				Chart	View	Referral Entry
	Office Title	Last	First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5				Chart	View	Referral Entry
	Office Title	Last	First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6				Chart	View	Referral Entry
	Office Title	Last	First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DELETE/DE-ACTIVE ACCOUNT: *Please indicate on the next section any user accounts of employees who are no longer with your office.*

	Name	Reason
1.		
2.		
3.		
4.		
5.		

I, _____, authorize the above "The Link Security" as indicated.
(Print Name)

(Signature)

FAX BACK TO 714-436-4803
ATTN: CONTRACTING ADMIN ASSISTANT