



THE LINK
Facility Sign-On Form

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

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

*****DSL or High Speed Internet is required to access The Link*****

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*)

USER INFORMATION – Please indicate the “SECURITY” level for each member

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"/>

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

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



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

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

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

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

(Signature)

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