



Clinician Rx Provider Add Form

Please return completed form signed by the physician and the office manager to the Emdeon Clinician helpdesk at fax # 615-564-4745. If you have questions, please contact us at 888-505-8691

Facility Name:		
Facility Address:		
Facility Phone Number:		
New Provider's First and Last Name:		
New Provider's DOB, Mother's Maiden Name or last 4 digits of ssn.:		
New Provider's DEA Number:		
New Provider's NPI Number:		
Please list email address to send logon information:		
<i>By using this system, you have access to confidential patient information. Your access to this information will be recorded for security purposes to protect patient's privacy rights.</i>		
Required Signatures		
	Signature	Date
Physician: printed		
Physician: signature		
Manager: printed		Title:
Manager: signature		Title: