



access:health

# Access Health Inc.

The individuals listed below request permission to have access to the Access Health and Muskegon Care member eligibility lists. By signing below, I verify this information will be used in accordance to the Health Insurance Portability and Accountability Act (HIPAA). This information will not be used for any other purpose than treatment or payment for medical services by Access Health and Muskegon Care members. This is not a guarantee of payment. Only the below named individuals will have access to the eligibility lists. This information will be verified quarterly and the Designated Contact is responsible for verification and authenticity of all employees.

## Eligibility Access Request Form:

### Designated Provider Contact: Responsible for Eligibility Access for Employees Below

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Address: \_\_\_\_\_  
*Street Address* *Suite*

\_\_\_\_\_ *City* *State* *ZIP Code*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Provider Office Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Employee 1

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Employee 2

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Employee 3

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Employee 4

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee 5**

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee 6**

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee 7**

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee 8**

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee 9**

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee 10**

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_