

Beth Israel Deaconess Medical Center Trizetto Access Request Form

All access requests for BIDMC, HMFP, APG staff and affiliates must be completed and signed by the sponsoring departmental manager/director and must include the specific access level required. By default, users are granted the most restrictive level of access. All Accounts unused for 90 days or more will be disabled. Access can only be restored by completing this form.

Requests will be processed within 3 business days of receipt

FAX to BIDMC IS at 617-754-8099 or
EMAIL: iam@bidmc.harvard.edu

TO BE COMPLETED BY Requestor (Please print clearly and fill out form **completely**) **Date of Request:** _____

Type of Request: New Account Change Privileges Disable Account Reactivate Account

Affiliation: BIDMC HMFP APG CHC: Specify: _____ Other: Specify: _____

Personnel Information:

Name: _____
Last Name *First Name* *Middle Initial*

Title: _____ **Department:** _____

Identifiers: (used only for identification purposes) **Date of Birth:** _____ **SSN:** _____
(Last 4-digits ONLY)

Work Location: (Building/Floor/Room) _____
(Practice Address, if applicable) _____
(City, State) _____
(Email Address if CHC) _____

TO BE COMPLETED BY AUTHORIZING BIDMC SPONSOR/MANAGER (Please print clearly and fill out completely)

Name (please print): _____
Last Name *First Name* *Middle Initial*

Title: _____ **Work Phone:** _____

Signature: _____

Email Address: _____

Trizetto Request:

ITS User Name (If Existing) _____

Should this user have the same access as another? Yes No

If yes, please list email address of other user: _____

Please check role(s) requested:

Eligibility Referrals Referrals View Only Claim Status Inquiries (CSI) Manager / Admin