

New/Updated Office Information Sheet

Office Information

Provider Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Group Tax ID (list all doctors' tax IDs at bottom): _____

Primary Contact Information (SuperUser)

Contact Name: _____
E-mail: _____
Phone: _____

Backup Contact Information (backup SuperUser)

Contact Name: _____
E-mail: _____
Phone: _____

Doctor Taxpayer Identification Numbers associated with this office:

Staff Names (first and last): *Please note any staff members that have previously been issued a HealthConnect User ID.*

If you have any questions regarding this form call the Cynthus Help Desk at 982-4042.

Authorized Signature: _____ Date: ____/____/____
(Owner, Provider or Legal Representative)

Print Name: _____ Phone #: (____) _____

**** An authorized signature can be that of a physician/provider, owner, CEO, chairman, director, attorney, etc. If there has been an appointed designee (a SuperUser) within your organization, that person may sign this form as well. Forms without an authorized signature will be denied. Forms may be faxed in, in lieu of the mailed in copy of the original signatures. ****

Mail completed agreement to: Cynthus ATG
850 Harvard Way, Mail Code X14, Reno, NV 89502
Phone: 775.982.4042 Fax: 982.4513