

Request for eQSuite[®] Access

Complete this form and submit it electronically to co.pr@eqhs.org to gain access to eQSuite[®] as a System Administrator. As a System Administrator you will be able to submit Prior Authorization Requests (PARs) for your group/practice as well as create and manage eQSuite[®] user accounts for your staff.

Group/Practice Name:

Health First Colorado Provider Number:

Type of PARs Requested: (check all that apply).

- | | |
|-----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Pediatric Behavioral Therapy |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Pediatric Long-Term Home Health |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Pediatric Personal Care |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Physical/Occupational Therapy |
| <input type="checkbox"/> Long-Term Support Services | <input type="checkbox"/> Private Duty Nursing (PDN) |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Molecular Testing | <input type="checkbox"/> Synagis |
| | <input type="checkbox"/> Vision |

***Do NOT check all boxes. Your access is based on your Provider Type**

First & Last Name:

Email Address:

Phone Number:

Extension:

IMPORTANT INFORMATION (please read before signing)

UNAUTHORIZED ACCESS TO eQSuite[®] IS PROHIBITED BY LAW

By signing this form, you are attesting that you understand that accessing eQSuite[®] is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite[®] product may result in disciplinary action, as well as civil and criminal penalties.

SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use of eQSuite[®]. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA,

Signature:

Date: