

Remote EMR Access Service Registration Form



An Anthem Company

Instructions

Please complete all fields below and email this form along with all practice/facility locations and/or provider list to Centralized_EMR_Team@anthem.com.

Practice Information

Practice/Facility	Street Address City, State, ZIP Code
Telephone	Fax
Office Email Address	Web Site
Billing Tax ID	National Provider ID (NPI) Number

EMR System Information

EMR System Name

Access forms Required?

EMR Web Link

Access Contact

Contact email

Contact phone

IT Contact

IT Contact phone

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

MM DD YY