

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).

- Audiology
- Diagnostic Imaging
- Durable Medical Equipment
- Inpatient
- Long-Term Support Services
- Medical Services
- Molecular Testing

- Pediatric Behavioral Therapy
- Pediatric Long-Term Home Health
- Pediatric Personal Care
- Physical/Occupational Therapy
- Private Duty Nursing (PDN)
- Speech Therapy
- Synagis
- 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: