Infinedi
ELECTRONIC DATA INTERCHANGE

User Authorization/Multiple User Form

This form is used to add, delete or change individual user access for Infinedi services. An office manager or facility administrator must sign this form or access will be denied. Please make copies of this form as needed and fax completed forms to 918-249-4460. Contact the Infinedi customer service department at 800-688-8087 if you have questions.

Account Number: _____

Group/Provider Name: _____

Manager/Administrator Name: _____

Phone: _____ Fax: _____

Email: _____

_____ **Adding User** _____ **Deleting User** _____ **Changing User's Info**

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Claims/ERA Information : **Monthly Bill** :** **Administration** :**

____ VIC ____ ERA ____ Reports ____ Eligibility   ____ I-Pay   ____ Admin

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_____ **Adding User** _____ **Deleting User** _____ **Changing User's Info**

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Claims/ERA Information : **Monthly Bill** :** **Administration** :**

____ VIC ____ ERA ____ Reports ____ Eligibility   ____ I-Pay   ____ Admin

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* Admin access should only be assigned to office managers or facility administrators for monitoring purposes. The "new" flags indicating an audit or report has not been read will not be affected if accessed by the admin user.
** Users added with I-Pay access will receive the I-Pay tab only, access to PHI or claim information through VIC will not be available.

Manager/Administrator Signature: _____

Please print name: _____

Date: _____