



Accountable Healthcare IPA

PROVIDER MEMO

*****VERY IMPORTANT**PLEASE READ*****

Response MUST be received!

- Please allow up to 10 working days for your user name and password to be mailed out to you.
- If you have already faxed and/or received your assigned user name and password, please disregard this notice.

Date: July 6, 2009

To: All Contracted Provider

RE: Web Based System Authorization Release Form.

As users of the On-LineWeb Based System, it is necessary to sign a release form authorizing your staff to access the system! EZ CAP is linked to the System which allows automated eligibility, authorizations and claims function, via Web-Based. The basic requirement to access and use this new system is to have access to the internet. With the new Provider Based Module, you will be able to **view and/or submit**,

- ✓ **Patient Eligibility**
- ✓ **Authorizations**
- ✓ **Claims**

Please take a moment to **review, complete and fax** the attached authorization release form to me at **(562) 981-7431**. Please limit the number of staff accessing the System to only 3 staff members per Physician at this time. This will help us manage user names and passwords during this initial rolling out phase.

Once we receive your completed form, a user name and password will be assigned to you in order to start using the Web Based System; www.ahcipa.com.

- The physician must sign the authorization release form if the system will be accessed at the PCP or Specialist office.
- An Administrator or Manager must sign the authorization release form if the system will be accessed at the hospital or other facility.

Should you have any questions, please feel free to contact me directly or you may also contact Tess Martin, Project Manager at (562) 435-3333 ext. 255.

Sincerely,

Tess Martin

Project Manager

Ph: (562) 435-3333 ext. 255

e-mail: tmartin@ahcipa.com