

Electronic Medical Record Intake Access Form



American Choice Healthcare is requesting access to your Electronic Medical Record (EMR) to assist you with a variety of operational processes. If you need clarification or have any questions regarding a particular item within this form, please contact your assigned Provider Success Specialist (PSS) for guidance.

For security purposes, it's strongly recommended that individual EMR credentials be generated. Once they are provisioned in your EMR, please send the initial credentials to your PSS along with the instructions on how to access your EMR.

General Practice Information

Practice Name: _____ Tax ID: _____

EMR Name: _____

Practice Administrator's Name: _____

Email Address: _____ Phone Number: _____

Is the EMR Used for: Scheduling Billing Clinical Notes

EMR Access Technology (Select all that apply)

Client software install needed Remote Desktop Program (RDP)

Web Browser-based EMR Virtual Private Network Required (VPN)

Role-Based Access

ACH is requesting access to the following functions of your EMR. Full Access is preferred but view only is acceptable.

Coding And Billing – Conduct patient charts audits to ensure the highest level of Coding & Billing.

- o **Yenney Orosa:** yenney.rosa@americanchoicehealthcare.com

Quality/ Regulatory - Assist with regulatory compliance and quality reporting

- o **Population Health:** regulatorycompliance@americanchoicehealthcare.com

Support Services - Perform patient outreach and Scheduling.

- o **Karla Ortiz:** karla.ortiz@americanchoicehealthcare.com

If EMR requires Multi-Factor Authentication (MFA) phone number, use: (786) 610 3700.

Completed By (PLEASE PRINT): _____

Signature: _____

Date: _____