



Electronic Referral System (ERS)

External New User Request

Company/Practice Name			
USER INFORMATION			
<i>Please provide user contact information below. One form is required for each requested user.</i>			
User First Name		User Last Name	
User Phone Number		User Email	
Company/Practice Service or Specialty (e.g. DME, Cardiology, etc.)			
User Location (Address)			
SUPERVISOR INFORMATION			
<i>Please provide contact information for the supervisor of the user listed above. If the supervisor requires a log-in they must complete an additional form which lists themselves as the user.</i>			
User Supervisor First Name		User Supervisor Last Name	
User Supervisor Phone		User Supervisor Email	
<p>PCHP's ERS system is expressly to facilitate communication regarding member authorization requests. Unauthorized use is prohibited.</p> <p>User account names and passwords will be assigned to and are intended for use by one user. The sharing of usernames and passwords is prohibited.</p> <p>Please email completed request to PCHP Customer Service at customer.service@pchip.net.</p> <p>The listed user will receive their user name and password and general instructions for system use. The supervisor will receive confirmation of user set up and the users name for reference.</p>			