External User Enrollment Form

New User Information

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Institution: | Click here to enter text. |
| Title: | Click here to enter text. |
| Department: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |

Requested Permissions

Please indicate permissions requesting (check all that apply):

View physician confirmations (aka facesheets)

View Claims History Reports

Modify physician and coverage information

Access to Underwriting Portal

|  |  |
| --- | --- |
| Date access is required: | Click here to enter a date. |
|  | Date |

Credentialing Manager Approval

|  |
| --- |
|  |
| Signature |
| Click here to enter text. |
| Print Name |
| Click here to enter a date. |
| Date |

Submitting form

Completed form can be sent via email to [underwritingapps@rmf.harvard.edu](mailto:underwritingapps@rmf.harvard.edu) or via fax at 617.450.8297. Please allow at least 2 business days for processing.