

 IRIS USER REQUEST FORM

berrien mental health authority / RIVERWOOD CENTER

|  |  |
| --- | --- |
| **PROVIDER NAME:** |  |

I WOULD LIKE TO MAKE THE FOLLOWING CHANGE TO OUR LIST OF PERMISSIVE USER(S) TO ENTER CLAIMS IN IRIS:

| nAME and Title: | uSER EMAIL ADDRESS: | ADD | DELETE |
| --- | --- | --- | --- |
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]

BY REQUESTING ACCESS TO IRIS FOR THE USER(S) NAMED ABOVE, I HEREBY AGREE TO IMMEDIATELY NOTIFY THE PROVIDER NETWORK MANAGER AT BMHA IF THE INDIVIDUAL ENDS EMPLOYMENT OR IF THEY TRANSITION TO A POSITION THAT WOULD NO LONGER REQUIRE ACCESS TO THE CLAIMS SYSTEM FOR THEIR JOB FUNCTIONS. I FURTHER AGREE THAT ALL USER NAMES AND PASSWORDS MUST BE USED ONLY BY THE PERSON IT HAS BEEN ASSIGNED, VIOLATION OF THIS PROVISION MAY RESULT IN SANCTIONS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF SUPERVISOR

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINTED NAME / TITLE

PLEASE FORWARD COMPLETED FORMS TO: Amy.Groom@RIVERWOODCENTER.ORG FAX 269.934.3388

**For Internal Use Only:** ❒ Add/Delete User ❒ Notified Provider/User Date: \_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_

Return Completed Form to Internal MCO