



FACILITY ENROLLMENT FORM

FAX Completed & Signed form to (505) 346-0278 or email healthxnet@nmhsc.com

Or mail to: HealthXnet Support, PO Box 92200, Albuquerque, NM 87199-2200

SUBSCRIBER: Company information and primary contact for your HealthXnet subscription	COMPANY	Company Name:	
		Mailing Address:	
		City, State, Zip:	Main Phone:
	PRIMARY CONTACT	Primary Contact Name:	
		Title:	
		Phone:	Email:

AUTHORIZED REQUESTORS: Individual(s) listed here are authorized to add/remove users on your account	<i>Listing an individual here is not a substitute for submitting a completed New User Request Form for that individual. Please use additional copies of this form as needed to add additional Authorized Requestors.</i>		
	Auth Req	Name:	Title:
		Phone:	Email:
	Auth Req	Name:	Title:
		Phone:	Email:
	Auth Req	Name:	Title:
		Phone:	Email:

FACILITY INFORMATION: The facility to be set up in HealthXnet	<i>Please use additional copies of this form as needed to add additional facilities.</i>		
	Facility Name:		
	Street Address:		
	City, State, Zip:		
	Phone:	Facility NPI:	Facility Tax ID:

PROVIDER INFORMATION: Individual(s) performing billable services at the above facility.	<i>Please use additional copies of this form if needed to add additional providers.</i>		
	RENDERING PROVIDER NAME	INDIVIDUAL NPI	Tax ID (If different from facility)

Completed By (Print Name):	Signature: X
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