



Legendary Care™

RMC CONNECT

ADMINISTRATOR REQUEST FORM

RMC Connect is a web based portal for organizations that contract with RMC which provides access to clinical, referral, and claims data stored in our electronic health records system. This form must be used to request an Administrator login for your organization. Additional non-administrator accounts can also be requested by contacting the support group via email at rmconnect@rmcps.com.

SITE INFORMATION

Organization Name:		NPI:	TIN:
Address:			
City:	State:	ZIP Code:	
Phone:		Fax:	

SITE ADMINISTRATOR

Name (Last, First):		Job Title:	
Phone:	Fax:	Email:	

USER INFO**

In addition to a site administrator account you can request one additional user account by completing the following section. If you require additional users, please request the RMC Connect New Users spreadsheet when returning this form.

Name (Last, First):			
Job Title:		Role:	
NPI*:		Specialty*:	
License (MA, RN, MD, etc.)*:	License #*:	License State*:	
Address:			
City:	State:	ZIP Code:	
Phone:		Fax (secure):	

SIGNATURE

By signing below you acknowledge that you are a representative of the organization requesting access and that you will abide by all applicable laws and regulations when accessing patient information via RMC Connect.

Management Signature:		Date:
Print Name:		Title:

Email completed form as an attachment to rmconnect@rmcps.com. Requests will be processed in the order received. Please allow up to 1 week to complete your RMC Connect administrator account(s).

* Required fields if the user is a physician.

** A separate spreadsheet will be provided by RMC if additional users or locations are needed.