

Dear Beaumont Health Affiliate:

Physician Practice / Affiliate Name:

Beaumont Health (BH) has implemented OneChart, BH's electronic medical record system powered by Epic. Access to the Epic-based portal, **myBeaumontConnection**, may be requested by physicians and affiliates for their third-party billers.

To assist you with requesting access for your third-party billing agency, we ask that you complete the following information.

(please print)						
form, the third-pa view necessary bi	nnection requires you to verify the arty billing company listed will be illing information within myBeaus bmit requests for new billing office	allowed, o	on behalf of t ection . The	the physicians/affiliate company's designated	es signing l I Site Admi	below, to inistrator
Third Party Bill (please print)	ing Company:					
	<u>Company:</u>			<u>Conto</u>	act:	
<u>Name</u>			<u>Name</u>			
<u>Street</u>			<u>Phone</u>			
<u>City</u>		<u>Title</u>				
State/Zip		<u>Email</u>				
List all the affiliates who share the Third-Party Billing Company listed above: (Name and signature of each affiliate is required)						
Physician/Affiliate Name (please print) Sp		Sponsor/	onsor/Affiliate Signature			Date
Beaumont Health	n Sponsor Name (Print):					
Beaumont Health Sponsor (Signature):					Date:	

Email completed form to: mbc@beaumont.org or fax to 248-350-4142.