IDX New User Request

IDX use only
Username: _____ Date: _____
Notified: _____ Date: _____

This form is for NEW ACCESS to the IDX SYSTEM only
Logician access forms may be accessed at www.ecu.edu/hiss

PLEASE FAX TO THE IDX PROGRAMMING TEAM : 744-9944

Deactivations, Reactivations, and Changes to IDX security must be requested through ONESTOP
Instructions and Links may be accessed at www.ecu.edu/IDX

EMPLOYEE NAME: _____
(First) (Middle Initial) (Last) (Title)

EMPLOYEE STATUS:
___ New Employee Start Date:_____
___ Existing Emp. Start Date:_____

EMPLOYEE:
Location: _____
Phone: _____

SUPERVISOR:
Location: _____
Phone: _____

EMPLOYEE'S JOB DESCRIPTION: (Required) Please check **ONLY ONE** in this box

CLINICAL SERVICES *Specify Dept below
___ Billing/Abstractor
___ " w/ TES charge entry
___ Clinical Admin Mgr
___ Interpreter
___ Medical Staff (MD, PA, RN, MOA, etc.)
___ Pharmacist
___ Secretary / Clerical
___ Social Worker

BILLING & REIMBURSEMENT
___ B&R Manager
___ Charge Entry
___ EOB Section
___ Invoice Research
___ Insurance Analyst
___ Managed Care
___ Pt Due/SODCA
___ Receipt Poster
___ Refunds

PATIENT ACCESS SVCS
___ Manager
___ Supervisor
___ Financial Counselor
___ " w/ TES Front Desk
___ Pt Rep / Referral Coord
___ " w/ TES Front Desk
___ Coord Sched / Pre-Reg
___ Call Center
___ Volunteer – needs:
[ ] EFG [ ] SCH (view)

MISCELLANEOUS
___ Auditor / Systems & Accounting
___ Business Office Cashier
___ ITCS CAS
___ ITCS Helpdesk

PCMH / PCHD
___ Community Care Plan
___ Laboratory

HEALTH INFO.SYS./SVS
___ Information Systems
___ Medical Records Manager
___ Medical Records Staff

***CLINICAL SERVICES DEPARTMENT EMPLOYED BY**
(If other than Billing & Reimbursement, Patient Access Services or HISS)

___ Family Medicine
___ Firetower Medical Office
___ Medicine
___ Leo Jenkins Cancer Center
___ Obstetrics & Gynecology
___ Pathology [ ] ECU [ ] PCMH
___ Pediatrics
___ Psychiatry
___ Radiation Oncology
___ Student Health Service
___ Surgery / Cardiovascular / NCCVDC
___ Other: _____

I verify this employee has signed an ECU Confidentiality Statement, or will sign one during employee orientation:
Supervisor Signature: _____ Print _____ Date: _____
Dept Head Signature: _____ Print _____

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