

UTAH HEALTH INFORMATION NETWORK TRANSACTOR (UHINT)

Enrollment Form

Clinic Name: _____

Associated Providers/Specialty:

(Should you have more than nine, please attach a separate list)

Address: _____

Administrator/Contact: _____ **Phone:** (____) _____

Facsimile: (____) _____

Email: _____

Internet Service Provider (ISP): _____

Internet Connection:

Dial-up Modem _____ BPS

Cable

T-1

DSL

Wireless

Other: _____

Internet Browser:

Netscape 6.2 or higher*

Microsoft Internet Explorer 5.5 or higher*

Other: _____

* We recommend upgrading to these versions. Upgrades are free

Practice Management Vendor: _____

Operating System:

Windows 95

Windows 2000

Windows XP

Windows 98

Windows NT

Other

Privacy Officer: _____ **Phone:** (____) _____

Security Officer: _____ **Phone:** (____) _____

Number of new Trading Partner Numbers needed: _____