



5215 Old Orchard Rd • Suite 340 • Skokie, IL • 60077
Phone: (847)763-1700

QC Portal Office Staff Access Form

Doctor's Office _____

#(UPN) _____

Phone _____

FAX _____

The following people will be given rights to use QC Portal with restricted access to the specifications that are checked off on this form.

STAFF INFORMATION				RESTRICTIONS			
				Authorizations	Eligibility	EOBs	
Name*	Job Title	E-mail*	Phone/ Extension*	Create, View & Print	View & Print	View	View & Print

I, _____ certify that these staff members are authorized to access QC Portal on behalf of our office.

Name of Authorized Person

Signature of Authorized Person

Date

Please write clearly and FAX this form back to (847) 676- 6983 for review.

If you have any questions please call Jamie at (847) 763-7256, or e-mail her at smj@ihr-mso.com

**Required information. Without this information a username cannot be created.*

***Authorized staff person can be the office manager or doctor.*