



www.HealthXnet.com  
 Support: 505-346-0290  
 Toll Free: 866-676-0290  
 PO Box 92200  
 Albuquerque, NM 87199-2200

## ACCOUNT SETUP FORM

FAX Completed & Signed form to (505) 346-0278 or email [healthxnet@nmhsc.com](mailto:healthxnet@nmhsc.com)

Or mail to: HealthXnet Support, PO Box 92200, Albuquerque, NM 87199-2200

<b>ACCOUNT</b>		<i>Company information for your HealthXnet account</i>
Company Name:		
Mailing Address:		
City, State, Zip:		Main Phone:

<b>AUTHORIZED REQUESTOR (PRIMARY CONTACT)</b>		<i>This person is the primary contact for your account set up. S/he is authorized to add/remove users on your account</i>
Name:		
Title:		
Phone:		Email:

<b>FACILITY INFORMATION</b>		<i>The billing facility to be set up in HealthXnet</i>
<i>More than one billing facility? You can the details below for each facility via email or attached to your fax.</i>		
Facility Name:		
Street Address:		
City, State, Zip:		
Facility NPI:		Facility Tax ID:

<b>PROVIDER INFORMATION</b>		<i>Individual(s) performing billable services at the above facility.</i>
<i>Please Need to add more providers? You can send the details below for each additional provider via email or attached to your fax</i>		
RENDERING PROVIDER NAME	INDIVIDUAL NPI	Tax ID (If different from facility)

Completed By (Print Name):	Signature: <b>X</b>
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