



**MedMetro System  
User Login Worksheet  
Please fax to Denie Hall @760.471.7285**

**Control Information**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Provider Name: \_\_\_\_\_

**User Identification Information(REQUIRED)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Requested Password \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Data Access**

Tax ID 's for this user:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claims: Allow Access? Yes or No Full Access: Yes or No  
Eligibility: Allow Access? Yes or No Full Access: Yes or No  
Authorization: Allow Access? Yes or No Full Access: Yes or No  
Submit request? Yes or No Auto Approval? Yes or No