FSP eQSuite® System Access Form

All information must be complete for processing.

It is important to notify us immediately if these contacts change

12-DIGIT IL PROVIDER ID (FSP Billing # HFS)												
Agency/Provider Name:												
Mailing Address:												
City, State & Zip:												
Provider Type:	□ CCSO Agency					□ Residential Treatment Facility						

Send completed form to:
Acentra Health
Attn: System Access for FSP
Fax: (800) 418-4039

Complete this form to get access to eQSuite® as a User Administrator for the facility listed above. **Is this a new Billing Provider ID? Yes or No**

Contact Type	Contact Name (First and Last)	Email Address	Telephone Number
FSP User Admin			
FSP User Admin			
FSP User Admin			
FSP User Admin			

Director/Manager Name:

Signature:

Date: