



# UHS CareLink User Request Form

Please email completed request form to: [Renee.Masciarelli@nyuhs.org](mailto:Renee.Masciarelli@nyuhs.org) or fax to (607) 763-6717

Today's Date	
New or Existing Site	

### Site Information

Organization Name	
Location Address	
City, State, Zip	
Phone Number	
Fax Number	
Site NPI #	

### Site Administrator Information

### Secondary Site Administrator Information

Site Administrator Name		Site Administrator Name	
Site Administrator Phone		Site Administrator Phone	
Site Administrator Email		Site Administrator Email	

**\*\* Please note: Site Administrator Information must also be listed in the table below. \*\***

								PROVIDERS ONLY		
Last Name	First Name	New or Existing Account with UHS?	If an existing account exists for any UHS IT system, please provide the User Name for that system.	Credentials (if no credentials, leave blank)	Job Role	Work Email	Contact Phone # (with Area Code)	Provider NPI#	License #	License State