Jefferson Information Systems & Technology
PHYSICIAN APPLICATIONS SUPPORT
IDX/EMR User Request Form

Request Date _____ **Start Date/ Effective Date** _____ **Division** ◯ CBO ◯ Ambulatory

User Name _____ **User Campus Key** _____

Profession: _____ _____

Please Select Activity
◯ New Employee
◯ New Allscripts User
◯ Edit
◯ Reactivate
◯ Deactivate
◯ Transfer

Required if Transfer: **Effective Date:** _____ **From Dept:** _____

To Dept: _____

Group _____

Bar Division _____

Primary Site _____ *(Ex. 833 Chestnut St - Suite 740)*

PCS (PBS Only) _____

Requested Application
☐ IDX (GE) ☐ Allscripts (EMR)
☐ JMH Patient Portal ☐ LifeImage
☐ Prenatal

IDX Security
☐ No IDX Access
☐ Back Office
☐ Front Desk - Scheduler
☐ FDesk - Schedule, Check-In & Cash
☐ Operations
☐ Referrals
☐ View IDX (Inquiry)
☐ Charge Entry
☐ Electronic Charge Capture (Allscripts)
☐ Master Scheduling
☐ PBS
☐ Scan

Hospital Staff
◯ Ins. Verification (IDX)
◯ ADM/DC Notification (EMR)

EMR Role _____

Allow Access to: *Reminder: Please use Mnemonics (Ex. 93J, R01 or PCO, JIM)*

Sched Departments: _____

Sched Locations:

Sched Providers

Sched Custom Reports

Access to Overbook? ◯ Yes ◯ No

Training Requested

- ☐ Overview IDX
- ☐ EMR Tasking
- ☐ Scheduling
- ☐ Front Desk (Check-In & Copays)
- ☐ Master Scheduling
- ☐ EMR Dictation
- ☐ LifeImage
- ☐ Overview EMR
- ☐ Provider Schedules
- ☐ Clinical Track (Intake, Meds, Orders)
- ☐ Charge Entry
- ☐ FSC & Case (CBO Only)
- ☐ JMH Patient Portal
- ☐ Electronic Charge Module

Only to be filled out if User is a Physician/Physician Asst./Nurse Practitioner/Fellow/Resident

Provider must be in IDX/Flowcast Dictionaries for Prescribing/Ordering Authorities
-If not, please open Ticket for Provider to be added to 3, 302, and 702

Specialty | NPI | LastWord#

Professional State Licenses

State 1 | State 1# | Exp. Date

State 2 | State 2# | Exp. Date

DEA License # | DEA Exp. Date

*****USER MUST ALSO READ AND SIGN THE IDX/EMR CONFIDENTIALITY AND HIPAA STATEMENTS*****

AUTHORIZED CONTACT SIGNATURE REQUIRED

I Authorize JUP Admin to Assign the Appropriate Security Access After the User Successfully Completes Training

Practice Name | Phone Number

Signature | Date (valid for 90 days)

Printed Name

Please sign and send to IS&T Training via fax at (215) 503-4336 or scan and email to IST.Training@jefferson.edu

Revised 02/2016