

Instructions on How to Complete the MX Participation Agreement Using a Fillable PDF

Before you start

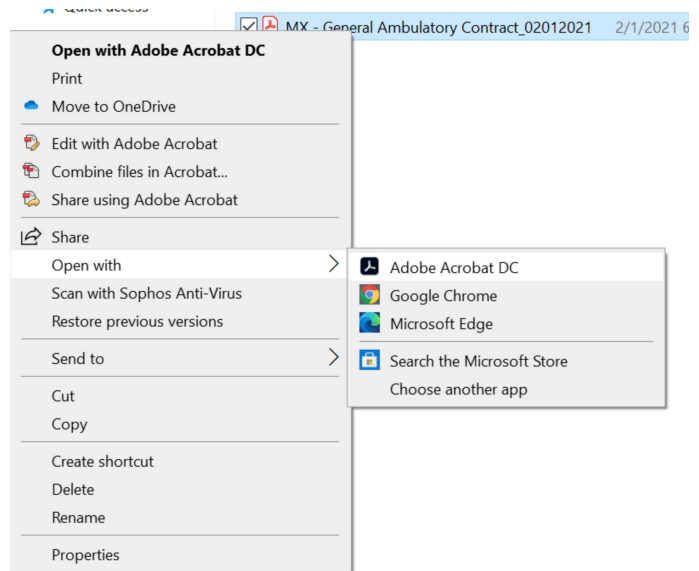
To open and complete a fillable PDF form, you will need a **PDF reader** such as **Adobe Reader**. If you do not have it installed on your computer, you may download the latest version of Adobe Reader free of charge from <http://get.adobe.com/reader>. If you are on a Mac, do NOT use Preview.

Step 1: Download/Save the PDF to your computer

Download/save the PDF form to your computer or network drive, and then open it with Adobe Reader and fill it. **We do not recommend using any web browser to open the form as most have issues with fillable PDF forms.**

Step 2: Open the file

After downloading the fillable PDF, right click on the file, and under "Open with", choose the Adobe Acrobat or the PDF reader installed on your device.



Step 3: Fill out & sign the document.

- **Page 2:** Put the date you signed the document in the first field and the legal name of your practice in the second field.

SYSTEM ACCESS LICENSE AGREEMENT

THIS AGREEMENT is entered into this [redacted] by and between Manifest MedEx, a California nonprofit public benefit corporation ("MX"), and [redacted] ("PARTICIPANT"). MX and Participant are referred to in this Agreement and related documents individually as "Party" or collectively as "Parties".

- **Page 5:** Click the first field to give your signature. If you are using an Adobe Acrobat, you need to configure a new digital ID if you have never used that before. The process varies with the software you use. For example, some PDF readers may allow you to give your signature by drawing using the mouse of the touchpad. Please also fill out the other fields with the contact information of you & your practice.

Participant

By: [redacted]
Title: [redacted]
Date: [redacted]
Email: [redacted]
Phone: [redacted]

Notice to Participant

PARTICIPANT NAME [redacted]
ATTN: [redacted]
ADDRESS: [redacted]
EMAIL: [redacted]

Questions?

Contact us: info@iehio.org

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- **Page 6-7:** Fill out required information for each of your site in the Site Details table, and information for each of your provider in the Provider Details table.

Note: You can send that information in an Excel file if it exceeds the limits in this document.

Site Details

List Practice Sites & Provider details associated with this Organization. Please list each site on a separate row.

Site Name	Provider Count	Org Type	Org NPI	TIN	Address	City	State	Zip	EHR Name	EHR Version	On-Prem or Hosted	Quest Acct#	LabCorp Acct#	Radnet Y/N

Provider Details

Only list providers who practice **full time** in the practice. Email and mobile phone number will be used to set up login credentials for providers to access MX products. If a provider does not want login credentials, you may leave those fields blank.

Provider First Name	Provider Last Name	Email	Mobile Phone Number	Provider Type (MD, DO, NP, PA)	Specialty	Provider NPI	Site Name

- **Page 8-9:** Please fill out all the required fields (fields with a red border). For the contacts in the General Participant Information table, please put at least 1 and up to 4 contacts we may reach out to. You may select more than one contact type for each contact, and please ensure at least 1 contact is assigned to each contact type.
- **Page 10:** If you put a LabCorp Account Number on Page 6, you also need to fill out the LabCorp Provider Authorization form. Please remember to give both your initial and full signature on this form.

initials	Copy Only. Participant understands that the Exchange will not deliver the official chartable report of laboratory testing results that complies with applicable reporting laws or otherwise meets the Participant's needs. Please contact your LabCorp Account Representative to establish the LabCorp means to deliver your official chartable report of the laboratory result.
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NAME OF PRACTICE:	LABCORP ACCT NO: <u>Refer to Schedule A</u>
FULL ADDRESS:	PHONE NUMBER:
CONTACT:	TITLE:
SIGNATURE:	DATE SIGNED:

Completed forms and any questions should be directed to your LabCorp Account Representative: _____

Step 4: Save the document

After finishing filling out the document, please save it and send it back to jarellano@iehio.org leaving it fillable.

You can always save the document any time before you close the document or prior to sharing it with others in your organization.

Questions?
Contact us: info@iehio.org