

## KPN Optimize® User Access Request Form February 2022

Member Information									
Practice Name:						Practice Phone Number:			
Practice Location:									
Practice Manager's Name: Pr						Practice Manager's E-mail Address:			
User Information									
Add or Delete	Start Date / Termination Date (please specify)	Last Name	First Name	User has appointments scheduled.		NPI (if applicable)	Role (within practice), i.e. Specialty	E-mail Address	
	-	•	•			•	•		
I, the undersigned Practice Manager, certify that the person(s) listed above for whom access to KPN Optimize <sup>®</sup> is/are being requested is/are employed by the Practice named above. Signature of Practice Manager requesting addition/deletion of Authorized User:									
Practice Manager:						Date:			
Signature of THN representative authorizing the addition/deletion of Authorized User:									