



WV Nursing Facility C3-PAS
Web User Request Form

PROVIDER
ADDRESS
CITY STATE ZIP CODE

WEB USER'S NAME:
First Name Middle Initial Last Name

User's E-Mail:
MANDATORY - Account reset information will be sent to this address - make certain it is legible and valid to ensure receipt - MANDATORY

User's Direct Phone # & Extension:

For User Account Reset/Security Significant Date (e.g. Birth Date, Anniversary Date):

Security Question (e.g. Name of Elementary School, Father's Middle Name)

Answer to Security Question:

User Agreement: I, individually and as an authorized web user of the aforementioned Provider, agree that I will access and use the information available through KEPRO's secure web site only for treatment and healthcare operations purposes.

User Signature Date

KEPRO DATA CONTACT AUTHORIZATION

DATA CONTACT'S

Name:

Phone: E-Mail Address:

Provider's KEPRO Data Contact Authorization: I authorize the action indicated above for the specified User to be carried out by KEPRO. I agree to notify KEPRO by submitting a Request to Cancel the User, when a User no longer has a business purpose to access the information available within the web site.

Data Contact's Signature: Date

KEPRO Use: PASADMIN BMSPAS PCAPAS PASCLRK PASPRO RN

Submit to: KEPRO NH-PAS 100 Capitol St. Suite 600 Charleston WV 25301 or Fax 844-633-8425 or Email scanned/signed request to WVPAS@kepro.com.