



(Please Print)

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Private Office Phone: _____

Contact person for HEDIS project: _____

Email Address: _____

Direct dial phone or cell: _____

Do you have a Medent “Direct Messaging” address?

Yes _____ .medentdirect.com

No, but there is one for (name) _____
and it is _____ .medentdirect.com

No one in the practice has a Medent Direct Messaging address

Medent Account #: _____ **Version of Medent:** _____

If version is less than v20.1, are you scheduled for an upgrade? Yes No

Date for Upgrade: _____

How are your Medent records set up?

Primary account

Dependent accounts

Both

Questions can be directed to Mary Frank at HEALTHeLINK at 716-206-0993 ext. 331

Upon completion, fax to 716-206-0996 Attn: Mary Frank or email mfrank@wnyhealthelink.com