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Fax to: Stephanie Balaian
Information Services Technician
BETA Healthcare Group
925-838-6088

Member Area Access Authorization Form

I, _____, CEO or Administrator* of _____,
(name) *(facility name)*
hereby authorize BETA Healthcare Group to provide confidential Member Area access to the following employees in addition to myself:

Name – Job Title	E-MAIL Address	Job Duties Require Access To					
		General Info	Claim Reports	Auto Claims	Coverage Documents	Incident Trending Reports	RM Funds

** = CEO, Administrator or Joint Powers Authority Agreement Signer (BETA) or Subscribers Agreement Signer (HealthPro)*
General Info = Risk Management Publications, Presentations, Peer Review Information, and Video Lending Library
Claim Reports = Includes Business Objects; Auto Claims = Reporting Auto Claims On-Line
RM Funds = Risk Management Resource Fund (RMRF) and High Risk Emergency Medicine Tuition Reimbursement Reports

My e-mail address (if different from above) is _____@_____.

Also, this will confirm that we would like to have our website added as a link from www.betahg.com.
Our website address is:

_____.

_____ _____
(date) (signature of Authorized Representative)