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Scan and email to: support@betahg.com
Or fax to: Support
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BETA Healthcare Group
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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	EMAIL Address	Job Duties Require Access To				
		General Info	Claim Reports	Report Auto Claims	RM Funds	RM Reports

* = 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; Report Auto Claims = Reporting Auto Claims On-Line
 RM Funds = Risk Management Resource Fund (RMRF) and High Risk Emergency Medicine Tuition Reimbursement Reports
 RM Reports = Risk Management Assessment Report

My email 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)