



Super User Request

Mayo Clinic Health Solutions
PO Box 211698
Eagan, MN 55121
Fax: 1-855-619-0010

FAX

To Provider Relations Department	Date
Company Mayo Clinic Health Solutions	Fax 1-855-619-0010
No. of Pages (including cover sheet)	Phone
Special Instructions	
From	Fax
	Phone

Message – Please set up the following person as the primary web site contact for Mayo Clinic Health Solutions at my practice or facility.

Web Contact Name	Title	
Email Address		
Provider Name	Tax ID Number	
Phone Number	FAX Number	
Mailing Address		

This faxed information is intended only for the use of the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via mail. Thank you.