

State of Tennessee Department of Finance and Administration Division of Health Care Finance and Administration

Remote Access Request

DATE OF REQUEST: Select a requestor type from the next row:		
TennCare Sta	ate Agency MCC	Other (specify)
Initiate Access	Modify Access	Revoke Access
New Active Directory (A	AD) Needed	New JVPN Needed
Brief Justification:		
Directory to which access is being requested: (for new trading partner use organization name)		
Requestor Information:		
User ID (if known): Name:		
Position Title: Organization:		
Address:		
Primary Email:		Phone#
2nd Email:		Phone#
Requestor's Management Approval Information:		
Approved by:		Title:
E mail Address:		Phone#:
Date of Approval		Organization Tax ID:

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