Gentu Secure Messaging Application

THIS APPLICATION FORM IS SPECIFICALLY FOR USE TO APPLY FOR A GENTU HEALTHLINK MESSAGING ACCOUNT. APPLICATIONS MADE USING THIS FORM WILL BE ASSOCIATED WITH THE HOST **EDI GENTUCLD** AND CAN ONLY BE ACCESSED VIA THE GENTU HOSTED APPLICATION

Please complete the Form below and return via Fax to **(02) 8014 7614** or email **request@healthlink.net**

Date: _____ Current HealthLink EDI:_____

Practice Name: _____

Practice Phone: (____)_____ Practice Fax: (_____)_____

Physical Address:_____

Contact Person: _____ Position:_____

Practice Email: _____

HPI-O: _____ Gentu Go Live Date:_____

Clinical Software: **GENTU**

Operating System: **HOSTED SYSTEM – ALIASED ACCOUNT TO EDI GENTUCLD**

Doctor's Name	Provider Number	Speciality	HPI-I