

Exhibit B

Benefis Health System
Network Sign-on Form for Non-Benefis Entities

Form to be completed by Office Manager

PRINT or TYPE INFORMATION CLEARLY

ILLEGIBLE OR INCOMPLETE FORMS WILL NOT BE PROCESSED

Last Name (Legal)

Last Name (Legal)

First Name (Legal)

First Name (Legal)

MI

MI

Benefis Medical Group

Group / Office Name / School

Medical Student

Job Title / Provider Type

1101 26th St S

Group / Office / School Street Address

Great Falls, MT

City/State

(406) 455 - 3073

Business Phone Number

() -

Business Fax Number

Virginia Myllymaki

Group / Office / School Manager's Name

virginiamyllymaki@benefis.org

Manager's Email Address

Password Notice

All employees will be issued a temporary password & Meditech PIN which are required to be changed when first logging into the system. Benefis requires the use of complex passwords including special and case sensitive characters. This password along with the Meditech one-time PIN will be sent to the Manager listed on this form.

Please Specify type of access required: (If access is for a Benefis Employee, contact IS to obtain an applicable Benefis Employee form)

- Physician Clinical Staff Non-Clinical Staff Student Instructor Vendor Consultant

If this is a modification of an existing user please select below:

- Name Change Access Change Specify USER ID:

Specify student / employee end date (if applicable):

Enter the name of a current employee whose computer access you want the new employee to have. Please note that this access model will apply to all access on the Benefis Network

Employee name for access model

(REQUIRED FOR COMPLETION)

Please specify any additional access requested:

Benefis Software Requested:

Please check if any of the following are needed:

- Meditech Access PACS Access Nextgen Access

Virginia Myllymaki

Manager Printed Name

455-3073

Phone Number

Manager Signature

Date

Fax to: 406-455-4747. Please allow seven days for processing. For questions, call 406-455-5711

Rev: 6/19