



Employee Inactivation

***Please let us know when an employee is no longer
In need of access.***

*Practice Name:

*Specialty:

*Practice Address (Street, City, State, Zip):

*Contact Number:

*Facility:

1.) Office Staff

Name:

34ID:

DOB:

Name:

34ID:

DOB:

2.) Providers: Physicians & Mid-levels

Provider Name:

34ID:

DOB:

Provider Name:

34ID:

DOB:

*****Fax Updated List to: 1-855-347-9608*****
Or
*****Email to: NFDV.PSCAccessRequest@HCAHealthcare.com*****