

EZNET User Registration

Practice Name: _____

User Name: _____

User Phone Number: _____

User Email: _____

Tax IDs under which claims are submitted:

Preferred User Login Name: _____

User Password: _____

- Minimum length of 6 characters
- Your username cannot be part of your password
- Your password must contain at least 1 numeric character (0-9)
- Your password must not contain sequential characters (ie: abc, 789)
- Your password must not contain repeating characters (ie: 222, zzz)
- Your password must not contain a word found in the dictionary (ie: cat, him, book)

When completed, fax this form to 707.443.2527

Humboldt Independent Practice Association

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