

Lahey Epic Link Access Request Form for Non-Physician Credentialed Clinicians, Billers, and Coders

(Please Print)

Email completed forms to **EpicHelpDesk@lahey.org** Please allow three (3) business days for submissions to be processed.

First	M.I.	Last	Title (e.g. PA, NP, RN, biller, coder)
ı (please print)	:		
	State:		Zip:
	Fax Number:		
m the request	or and supervising	physician are m	andatory for processing.
e:			
's Signature: _			
	First (please print)	First M.I. (please print):	(please print):

Completion and submission of this form requests access to Lahey Epic Link for non-physician credentialed clinicians (e.g. PA, NP, RN), billers, and coders. For physician access, visit www.laheyhealth.org/laheyepiclink.

Please contact the Help Desk with any questions at EpicHelpDesk@lahey.org or 781-744-8888, Option 3.