

# HealthCareXchange

## Configuration Form

<b>Name of Organization/Practice:</b>	
<b>Organization/Practice Point of Contact:</b>	
<u>Name</u>	<u>Phone</u> <u>Email</u>
<b>Organization NPI:</b>	<b>Number of Providers:</b>
<b>EMR/EHR Vendor Name:</b>	<b>EMR/EHR Software Name:</b>
<b>Technical (IT) Point of Contact:</b>	
<u>Name</u>	<u>Phone</u> <u>Email</u>
<b>Registry to Connect With:</b>	
Participant will use Acknowledgements file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Site ID (MSH-4):</b>	<b>Registry ID (MSH-6):</b>
<b>User Name:</b>	<b>Password:</b>
<b>County (California):</b>	<b>Import Code (Texas):</b>
<b>Registry Specific Information:</b>	