



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.

Date of Request: _____

Requestor's Name: _____
First M.I. Last Title (e.g. PA, NP, RN, biller, coder)

Supervising Physician (please print): _____

Requestor's E-mail: _____

Specialty: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Signatures below from the requestor and supervising physician are mandatory for processing.

Requestor's Signature: _____

Supervising Physician's Signature: _____

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.