

Bay Medical Center - Horizon Provider Portal (HPP) Access Request Form

Each person requesting access to Horizon Provider Portal (HPP) must fill out this form.

Legal First Name	
Legal Middle Name	
Legal Last Name	
Bay Medical Physician ID (physicians only)	
Practice Name	
List of All Physicians, PAs, & NPs in Practice	
Practice Phone Number & Fax Number	Phone: _____ Fax: _____
Contact for scheduling training (include email address to facilitate scheduling training)	Name: _____ Email Address: _____
Practice Address	
Practice City, State & Zip	
Last 4 digits of SS#	
Specialty or Job Title	

Please **fax** this completed form to Bay Medical Center's HIPAA Privacy & Security Office: (850)747-6443 or e-mail to: kseaborn@baymedical.org.
 Questions? Please call Karla Seaborn at (850) 747-6670.