

ARDS and Client Fee New User Setup Form



We are pleased to inform you that PAML now offers online access to the following information via the Internet through the PAML website (www.paml.com)

CRM Reports • Utilization Reports • Electronic Billing • Client Specific Fees

Client Name _____ Master Acct # _____

Name of Marketing Representative _____

In order to access the reports and electronic billing, clients need to provide the following information:

ITEM	QUESTION	INSTRUCTIONS & EXAMPLES	PLEASE PRINT INFORMATION CLEARLY
1.	User Name?	Instructions: User's first and last name Example: Ivan Market	Fill in your user name:
2.	ARDS log-on?	Instructions: 1st initial of 1st name plus the last name Example: imarket	Fill in your user log-on:
3.	ARDS password?	Instructions: For security purposes, your password must have: > at least 6 characters (no more than 8) > a combo of upper & lower case letters > a number > no spaces, periods or punctuation Example: S3llr	(READ INSTRUCTIONS CAREFULLY) Fill in your user password:
4.	User E-mail address?	Instructions: Valid e-mail address Example: imarket@paml.com	Fill in your e-mail address:
5.	Notify by email?	Instructions: Y = send e-mail when new files added to folder	Check for notification: <input type="checkbox"/> YES <input type="checkbox"/> NO
6.	User phone number?	Instructions: Phone number; numbers only Example: 5095417878	Fill in your phone number:
7.	Folders to access?	Instructions: Place a check beside the folders you want to access	Check which folders you will access: <input type="checkbox"/> CRM Report <input type="checkbox"/> Utilization Report <input type="checkbox"/> Electronic Billing <input type="checkbox"/> Client Specific Fees <input type="checkbox"/> ALL OF ABOVE

CONTACT INFORMATION: To contact the PAML Help Desk, call either 1-800-541-7891 (option 4) or call 1-509-755-8979.

DISCLAIMER

Your right to access the PAML internet reporting system is personal and exclusive to you only. You will be held responsible for any and all use resulting from the sharing of access capability to your staff or colleagues.

Please indicate your agreement by signing where indicated below.

I, (print your name) _____, have read this documents and agree to follow the conditions stated herein.

Signature: _____ Dated: _____

Fax this completed form to the following Help Desk number: 509-209-5079