



WellSky Hospice CAHPS Portal Access Request

Please use this form to add/change users to the WellSky Hospice CAHPS portal at <https://portal.fazzi.com>. For security purposes, please be sure to notify WellSky immediately of any changes by sending us a new form. All users have the ability to upload monthly files, and will receive a monthly file email reminder.

Agency Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office phone number: _____ CCN/CMS Provider No. (6-digits): _____

EMR/Clinical Software: _____

Person filling out this form: _____ Title: _____

Add person:	<input type="checkbox"/> Main contact	<input type="checkbox"/> Secondary contact	<input type="checkbox"/> Add'l contact
Remove person:	<input type="checkbox"/> No longer with agency	<input type="checkbox"/> Does not need access	
Name: _____			
Title: _____			
Email: _____			
Best phone no. to reach you: _____			
For communication purposes, this person will:			
<input type="checkbox"/> Run reports			

Add person:	<input type="checkbox"/> Main contact	<input type="checkbox"/> Secondary contact	<input type="checkbox"/> Add'l contact
Remove person:	<input type="checkbox"/> No longer with agency	<input type="checkbox"/> Does not need access	
Name: _____			
Title: _____			
Email: _____			
Best phone no. to reach you: _____			
For communication purposes, this person will:			
<input type="checkbox"/> Run reports			

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Please complete and return via email to:
cahpsteam@wellsky.com
Phone: 1-800-379-0361