



## Direct Mail User Form

Facility Name: \_\_\_\_\_

Fill in the information below to set up a user of Direct Mail.

Users Full Name	email Address	Phone Number	Preferred User name

RHIO Administrator: \_\_\_\_\_

RHIO Administrator Signature: \_\_\_\_\_

Return this form to HealtheConnections Support:

Email: [support@healtheconnections.org](mailto:support@healtheconnections.org)

Fax: 1-315-407-0053

If you have additional providers, please contact HealtheConnections Support