HEALTHTRUST VERIFIED ORGANIZATION ENROLLMENT

If your organization would like to be added to the HealthTrust Verified software system for your employees or yourself to credential for access to HCA affiliated facilities, please use this form.

New To HealthTrust Verified?
Complete both Parts A and B and include noted documentation to complete your request to have your organization added to HealthTrust Verified along with the role for each person.

Only need to add a role to your Organization enrollment?
Complete Part B and include noted documentation to complete your request. If you would like a Delegate account to assist with credentialing your people, use the HWS Delegate Enrollment Form.

Please allow up to 48-72 hours. HealthTrust will contact you if any additional information is needed to complete your request. Return all documents to: Verifiedhelp@healthtrustws.com

Additional Documentation Required
- You will need to submit a copy of your Certificate of Insurance with this request, if you have Tier 2/3 VPro's (anyone affecting patient care, treatment or services)
- Include any and all Job Descriptions and complete a Role Description Form for each of your "job descriptions." This form is located within this request. This is needed in order to identify the role name HCA will refer to your people.
- If your organization already exists and you want to just add roles to register under your organization, only complete the Role Description Form and send the associated Job Description.

FORMS TO COMPLETE Select all that apply:

Yes	No	Action(s) Requested
		I am requesting Organization Enrollment – Part A
		I am requesting to add role types to my Organization – Part B

Part A

Organization Name	
Organization Contact Number	
Street Address #1	
Street Address #2	
City	
State	
Postal/Zip Code	
Owner of Annual Credentialing fee (Organization/VPro/Both)	
Please explain your business, specialty, services, or products. Please be specific.	

A form must be completed for each of your internal Job Descriptions

Organization Name	
Organization Contact Number	
Job Description Title	

Role Description

Please describe the role, not your Job Description, you will be working as within an HCA facility. The role may be a portion of your normal company responsibilities but not the full range. HealthTrust needs to ensure that your classification is specific to HCA role classifications and not your job title. If you have any questions, please contact HWS

> *Examples:*
> Clinical Liaison for a Medical Device company would be classified as a Supplier Representative.
> An Admission Nurse who enters the hospital due to a referral may be classified as a Community Liaison.

Description of the Role:

Which Facility? Divisions? (Please include all facilities needed now as well as in the future so as to avoid issues adding facilities at a later time.)