

Secure FTP User Account Request Form  
Southeastrans Inc.

A. IDENTIFICATION INFORMATION

Company Name/Organization

State

If you are a provider, please indicate your  
National Provider ID:

<input type="text"/>									
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If you are a provider but do not have a NPI,  
please indicate API:

<input type="text"/>									
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**\*\*This number consists of 9 numeric digits assigned by DMAS\*\***

B. CONTACT INFORMATION

Please indicate a contact person for your business. (this should be the person to contact if we have questions concerning this request)

Primary Contact

Name

Telephone Number

Email Address

Secondary Contact (optional)

Name

Telephone Number

Email Address

C. ATTESTATION

- I (We) acknowledge that all necessary precautions will be used to protect my **LOGIN ID** and **PASSWORD** to prevent unauthorized access. I will comply with all state and federal HIPAA regulations, statues and laws.
- I (We) will comply with all state and federal HIPAA regulations, statues and laws for transmitting and protecting electronic files.

Signature

Date

Printed Name

Please scan and email completed form to [iSupport@southeastrans.com](mailto:iSupport@southeastrans.com), Attn: Secure FTP Submitter Setup Form.