



REQUEST FOR REMOTE ACCESS TO TMC BONHAM SYSTEMS

Please complete the following information for each individual needing access. Logins may not be shared.
Also, please complete the Information Security and Privacy Agreement, must be signed by the user

(Please print legibly)

Applications: circle applications being requested to access
Healthland CENTRIQ – specify which application

Accounting

General Ledger

Health Information Management

Order Entry

Payroll HR

Results Reporting – Lab, RT

ED

Materials

Med Surg

Patient Accounting

Pharmacy

Other: _____ (be specific)

Personal User Information:

User first name: _____

User middle initial or name: _____

User last name: _____

Any applicable medical credentials: _____

Office or Company Information:

Is there an existing current Business Associates Agreement? _____

Office Name: _____

Office Point of Contact: _____

Office Address: _____

Office Phone: _____

Contact email address: _____

Return completed forms to: Email: TMCREMOTEACCESS@THCS.ORG

Fax: 903-416-1091