CHANGE HEALTHCARE

TSO ID REQUEST FORM

Date:

Vendor Name: Vendor Submitter ID:

Contact Info: Phone: Fax:

Email:

Confirmation of your TSO's can be delivered by Email or Fax. Please allow 1 -2 days to receive your confirmation

Password Requirements:

- Must consist of 10 characters
- Must consist of both Alpha (Letter) & (Numeric) Numbers
- No consecutive characters ex: AAA, BBB or 1111, 2222 can be used
- No consecutive keyboard characters (Alpha) Letters or (Numeric) Numbers on keyboard can be used ex: adfg or jklm.
- At least one special character (! @ *) No underscore
- The word "Client" can not be used.
- Must contain at least one uppercase Alpha
- No underscores

Password Rejection:

- Three letter month abbreviation (MAR APR etc)
- Two digit number of the current month (01 for Jan, 02 for Feb, etc)
- More than three identical characters in a row (aaa, bbb etc)
- More than two consecutive characters of a table of characters located near each other on the keyboard(includes all numbers and common usages like ASDF, QWERTY)
- The character string ETIC (Do not use ETIC as part of the password)

(Please indicate how many TSO are needed on line provided)
Maximum of 100 TSO's may be requested

Password:

Quantity:

TSO's No longer Expire