Login Request step by step for AZ IPA

• Please access the following link https://shcmso.quickcap.net/



	If you wish for your Organization able to create username/passwor a formal letter below listing the p	information to be accessible to third parties(like a billing company), ds for them like described in the tutorial found above. Optionally, you ersons you authorize to request this access.
•	If you are requesting a userna username/passwords from your O use their Organization id.	ime/password for a billing company or similar third party, plea organization or make sure they provide us with an authorization lette
	*First Name:	
	*Last Name:	
	*Title:	
	*Organization Tax ID:	
	*Name of the Organization:	
	*Office Phone:	
	Cell No:	
	Date of Birth:	
	*Fax:	
	*Email:	
	*Address:	
	(C)	(Please provide the address of the Primary Organization)
	*City:	
	*State:	
	-zip:	
	opidad optional authorization letter:	Choose File No file chosen
	Notes:	(MX THE 522 (24M)
		Submit Reset

- Your request will be process and you will receive an email within an hour
- If you have any issues, email us at support@simplehealthcare.today or call to phone: (844) 220-9222 Option 2

