

Receipt of Electronic Letters Enrollment Form

TO WHOM IT MAY CONCERN:

By signature of this form, I do hereby choose to receive all notification letters from HealthSystems of Mississippi electronically via HSM's secure Website. I understand that I and/or my hospital, agency or authorized representative assumes responsibility for retrieval of the notifications. I am aware that I may choose to discontinue receiving electronic notifications at any time. In the event I encounter difficulties retrieving letters, I understand that I can contact the HSM Helpline or Education Department for immediate assistance.

Signed

Date

Title

Provider Name

Provider Number

Email Address

Phone Number

Street Address

City, State Zip