RxNT®

New York State Psychiatric Association

PLEASE SEND THE COMPLETED ENROLLMENT FORMS BACK VIA FAX TO: 410-626-0089 OR EMAIL THEM BACK TO:

SALES@RXNT.COM

New York State Psychiatric Association

RxNT®

Registration Form

Physician Name: _____

Specialty: _____

Physician Email Address: _____

State License Number: _____

(NPI): _____ **DEA License Number:** _____

Practice Name: _____

Office Point of Contact (POC): _____

POC Email Address: _____

Primary Address: _____

_____

Primary Phone: ( ) _____ **Back Line: ( )** _____

Primary Fax: ( ) _____

Average Scripts /Week: _____

Name of Practice Management System: _____

For New Practices Only:

☐ Need patient data & demographics uploaded from current system
Name of current system: _____

☐ Will manually enter data

PLEASE INCLUDE COPY OF VALID DEA CERTIFICATE WITH THIS FORM

Physician Signature Box: PLEASE KEEP SIGNATURE IN BOX Date: _____

_____ *Verified (RxNT Internal Use Only)*

1449 Whitehall Road, Annapolis, MD 21409

Phone: 1-800-943-7968 x. 3 · Fax: 410-626-0089 · Email: sales@rxnt.com

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REMINDER

FAX A COPY OF YOUR DEA LICENSE ALONG WITH YOUR ENROLLMENT FORMS PLEASE

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Practice Administrator Registration Form

Please identify the Practice Administrator that will be responsible for adding, removing and resetting passwords for all RxNT users. The Practice Administrator will be provided access to www.rxnt.com/PracticeAdmin. Credentials to this site will be mailed to the physician group practice location address of record. The Practice Administrator will then be responsible for completing identity verification in person, within the specific practice organization prior to providing RxNT access to user.

Practice Name _____

Practice Group NPI _

_____

Practice Group Tax Identification Number _

_____

Physician Signature _

_____

Please identify the Practice Administrator for the above practice:

First Name	Last Name

Practice Administrator Contact Phone Number _____

Practice Administrator Contact Email Address _

_____

The RxNT End User Services Agreement states that certain Services are intended for access and use solely by physicians and authorized members of their staff. If you are a physician, or a physician's authorized representative, it is your sole responsibility to identify members of your staff who are permitted to access and use such Services, and to authorize, monitor, and control access to and use of such Services by your staff members. RxNT requires that all users have their own login and password.

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RxNT|epcs
Electronic Prescribing Controlled Substances

EPCS Certification Selection Form:

RxNT provides one of the only e-prescribing applications which meets federal requirements included in the Drug Enforcement Administration (DEA) Interim Final Rule regarding electronic prescriptions for controlled substances

To utilize RxNT|EPCS, please provide your information and follow steps 1 and 2 to assist you in meeting the two-factor authentication required by the DEA Interim Final Rule

Provider Name: _____

Practice Name: _____

Specialty: _____

STEP 1 – Identity Proofing

After receiving initial training and accessing our EPCS prescribing application, before prescribing controlled substances, each prescriber will have to prove their identity by clicking the "Utilities" tab in the RxNT|eRx system and answering several identity-related questions provided by Experian, our qualified credential service provider partner

STEP 2- Issuance of Authentication Credential

Upon successful identity proofing, an authentication credential can be issued to a prescriber to authenticate that prescriber to our EPCS prescribing application. RxNT will assist you with accessing our EPCS prescribing application by 1) providing you with a password and 2) making available to you for purchase, a hard token you will use to generate a cryptographic key.

The hard token options RxNT makes available to you through are partner, SafeNet, are:

1. A one-time password device (small key fob)
2. A cryptographic key downloadable to a hardware device (e.g., an iPhone or other mobile device) you own. PLEASE NOTE: The DEA Interim Final Rule requires that a cryptographic key be stored on a device that is separate from the device being used to access the EPCS prescribing application

Please indicate which Hard Token you would prefer:

□ One-time Password Device (small key fob)

(OR)

□ Cryptographic Key (downloadable app on iPhone or other mobile device)

There is a $50 one-time charge for EPCS certification and distribution of the hard token. You must choose either a one-time password device (small key fob device) **OR** a cryptographic key (downloadable app on iPhone or other mobile device)

There is a $25.00 annual fee to continue using the EPCS prescribing application, regardless of your choice of hard token. There is a $15.00 shipping fee for the One-Time Password Device only. We offer an additional $4.00 UPS shipping security feature to require a signature to accept the delivery.

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Credit Card Payment Authorization Form

Sign and complete this form to authorize Networking Technology Inc dba RxNT to make a charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date and subsequent charges thereafter as checked below. Please note a **2.75% credit card processing fee will be charged to your card for license fees.**

OR make checks payable to RxNT and Mail to 1449 Whitehall Road, Annapolis, MD 21409.

Please complete the information below:

I_____authorize RxNT to charge my credit card
(full name)

account indicated below for yearly and /or monthly fees that incur.

The Payment(s) are for:

☐ RxNT e-Prescriber
☐ RxNT eHr
☐ RxNT Practice Management
☐ Full Suite
☐ Direct Mail

EPCS Token:
☐ Annual Maintenance Fee: $25
☐ One-Time Token Activation Fee:$50
☐ Shipping Fee (Hard Token Only): $15

For the amount of: _____

Billing Address:_____ Phone #: _____

City, State, Zip:_____ Email: _____

Practice Name:_____ Specialty: _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE_____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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Practitioners must register with OPP and EPCS by going on the Health Commerce System (HCS) and going into ROPES. This new application, ROPES, stands for "Registration for Official Prescriptions and E-prescribing Systems". The process to renew your OPP registration and entering your EPCS information by using ROPES is quick and easy.

Please follow the steps below to access ROPES:

1. Login to the HCS at https://commerce.health.state.ny.us
2. Under "My Content" at the top of the page click on "All Applications"
3. Select the letter "R" and scroll down to select "Registration for Official Prescriptions and E-prescribing Systems (ROPES).

- **Step one complete the OPP Registration**
- **Step two click "Register EPCS System" to complete the EPCS Registration.** (RxNT - version 7.1)
- **After completing both steps, you will be registered for both OPP and EPCS.**

If you need help getting into your HCS account contact CAMU 866-529-1890 Option 1
If you need to create an HCS account https://apps.health.ny.gov/pub/top.html
If the address needs to be changed go to the DEA website deadiversion.usdoj.gov and update then fax a corrected DEA certificate to 518-402-1058.

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