



## Web Plus User/Contact Form

**PMB 315 PO Box 70344,  
San Juan, PR 00936-8344**  
Phone: (787) 772-8300 ext 1103.  
Fax: (787) 522-3283

Date received: \_\_\_\_\_

Date recorded: \_\_\_\_\_

Account name: \_\_\_\_\_

*For PRCCR Use Only*

**PRCCR will create one account per facility and will notify users with account information by email. Please provide contact information for the primary user from your facility. Secondary contact information is also needed in the event we cannot reach the primary user for questions/concerns regarding your account.**

### *Institution Information*

Name:

NPI:

Address: (mandatory)

Reporting category: (select one)

Hospital Inpatient

RT or Medical Oncology Centers

Pathology Laboratory

Physician's Office

Nursing Home/Hospice

Other Outpatient/Surgery Centers

### *Primary User Information*

Name:

Title/Position:

Email: (mandatory)

Phone and Fax:

### *Secondary Contact Information (if any)*

Name:

Title/Position:

Email: (mandatory)

Phone and Fax:

### *Comments/Questions*