

One form per person



Mercy Care RBHA SFTP Connectivity Enrollment Form

Please select one connection method for your agency.	<ol style="list-style-type: none"><input type="checkbox"/> Web logins only (if more than 8 users per agency, select a different method)<input type="checkbox"/> Web login for files sent to MCR / MCR pushes files to provider<input type="checkbox"/> Provider pushes files to MCR / MCR pushes files to provider<input type="checkbox"/> Provider handles pushing and pulling files with an automated process
Please Print	
Date Requested:	
Company Name:	
Company Full Address:	
Company Phone Number:	
Requestors Full Name:	
Requestors Contact Phone:	
Requestors Contact Email (no multi-recipient addresses allowed):	
Fill out below this line only for connection methods 2 and 3.	
IP Address:	
DNS Name:	
Login ID:	
Password:	
Protocol – SSH (preferred) or SSL:	
Port:	
Path (exact upper case/lower case is needed):	
Submitted Date:	
Completed Date:	
Test Date:	