One form per person

mercy care

Mercy Care SFTP Connectivity Enrollment Form	
Please select one connection method for your agency.	1. ☐ **Web logins only (if more than 8 users per agency, select a different method)** 2. ☐ **Provider connects to Mercy Care server for file upload and download (recommended connection)** 3. ☐ **Provider pushes files to Mercy Care / Mercy Care pushes files to provider (least preferred)**
Please Print	
Date Requested:	
Company Name:	
Company Full Address:	
Company Phone Number:	
Requestor Full Name:	
Requestor Contact Phone:	
Requestor Contact Email:	
Technical Contact Name, Phone, and Email: (Required for connections 2 and 3)	
The following information is required for a connection type 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:	