



Provider ID \_\_\_\_\_

## Intermountain Healthcare Facility Registration

Facility Name: \_\_\_\_\_

Type of Facility:  Clinic/Medical Group Clinic  Hospital/Hospital Clinic  Worksite / Human Resources  
 Pharmacy  Community Health Center  SelectHealth  
 Long Term Care Center  Federally Qualified Health Center / Rural Health Center  Other: \_\_\_\_\_

Vaccines For Children Program (VFC):  Yes  No

Physical Address: \_\_\_\_\_  
Street Only (No P.O. Boxes)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Mailing Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Electronic Health Record System: \_\_\_\_\_

Clinic/Facility Manager: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Signature of Clinic/Facility Manager

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit to**  
Utah Department of Health  
USIIS Program

Use one of these two submission methods:

- Fax: 801.538.9440, Attention: USIIS Program
- Email: [usiistracking@utah.gov](mailto:usiistracking@utah.gov)

**DEPARTMENT OF HEALTH SECTION**

Date Received: \_\_\_\_\_  
Facility Type:  Clinic  Hospital/HospClinic  Pharmacy  CHC  LTC  FQHC/RHC  Worksite/HR  SelectHealth  Other  
Date Configured: \_\_\_\_\_ Configured by: \_\_\_\_\_ 122019