

QRyde Administrator Add/Remove/Change Form

Provider Organization Information	Provider Organization Name _____ Provider Organization Phone _____ Name of Person Completing Form _____ Title of Person Completing Form _____ Phone number of Person Completing Form _____
User Information	<p style="text-align: center;"> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> </p> <p> First Name _____ Last Name _____ Email Address _____ Text Capable Phone: _____ </p> <p> UCare requires two factor authentication for QRyde users. Please provide a phone number that is capable of receiving text messages. If "Remove" is selected, please complete the below section for the replacement administrator. </p> <p> First Name _____ Last Name _____ Email Address _____ Text Capable Phone: _____ </p> <p> UCare requires two factor authentication for QRyde users. Please provide a phone number that is capable of receiving text messages. </p>

