# Account Request Form

**State of Hawaii Telehealth Access Network (STAN)**
2424 Maile Way, Saunders 713
Honolulu, HI 96822
Phone: (808) 956-6668

**Please fax or e-mail to (808) 956-4646 or stan@tipg.net**

**PLEASE TYPE OR PRINT CLEARLY**

## Institution Information

1. **Name of Institution (Agency or Business):**
2. **Address:**

3. **Phone Number:**

4. **Fax Number:**
5. **E-Mail Address:**

6. **Special Notes:**

## Contact Information

1. **Name of Contact Representative for above:**
2. **Title:**

3. **Phone Number:**
4. **Fax Number:**

5. **E-Mail Address:**

6. **Special Notes:**

## Billing Information

1. **Name and Address of Business or Company**
2. **Fiscal Officer (Billing Representative to attention):**

3. **Phone Number:**

4. **Fax Number:**
5. **E-Mail Address:**

6. **Special Notes:**

## Videoconferencing Site Information

1. **Primary Site Name:**
2. **Contact Person:**
3. **Phone Number:**

4. **Alternate Site Name:**
5. **Contact Person:**
6. **Phone Number:**

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**For Use by State of Hawaii Telehealth Access Network Operators Only**

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<tr>
<th>Date Received:</th>
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<td>Received By:</td>
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**ACCOUNT NUMBER**

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For more information, call (808) 956-6668
ACCOUNT REQUEST FORM (see Appendix A-2)

To ensure that accounts and bills are charged to the correct parties, users of our system are required to fill out an Account Request Form. Even if the services they are requesting will not have any charges, users are encouraged to fill out this form. The information on the Account Request Form provides TIP-G with important contact and site information, which will make it easier for us to better serve our users.

There are four major sections in the Account Request Form; Institution Information, Contact Information, Billing Information, and Videoconferencing Site information.

Institution Information

STAN is not to be used for personal or commercial uses. Before a new user can request our services, general information regarding the company or agency they represent is needed.

1. Name of Institution (Agency or Business)
2. Address
3. Phone Number
4. Fax Number
5. E-Mail Address
6. Special Notes

Contact Information

There must be at least one contact person for each site listed. This is needed in the case of scheduling changes or conflicts. If possible, a technical contact person is preferred. It would also help to obtain a phone number for the conference room where the VTC will be held; calling the participants office phone while he/she is in the conference room does not help us during the VTC.

1. Name of Contact Representative for Above:
2. Title
3. Phone Number
4. Fax Number
5. E-Mail Address
6. Special Notes
Billing Information

In some cases, the organization/department responsible for processing charges is different from the organization/department requesting the services. This is probably one of the most important sections of the Account Request Form as this is where the bills for the services rendered are sent for collection.

1. Name and Address of Business or Company
2. Fiscal Officer (Billing Representative to attention)
3. Phone Number
4. Fax Number
5. E-Mail Address
6. Special Notes

Videoconferencing Site Information

Some users may have several sites they conduct their videoconferences from. Please list down all applicable sites and their respective contact information.

1. Primary Site Name
2. Contact Person
3. Phone Number
4. Alternate Site Name
5. Contact Person
6. Phone Number