



SFTP TSO IDREQUEST FORM

Date:

Name:

Vendor Submitter ID:

Contact Name:

Contact Phone:

Contact Fax:

Email:

Confirmation of your SFTP TSO's can be delivered by Email or Fax. Please allow 1 -2 days to receive your confirmation. This is for SFTP VENDOR ONLY.

Password Requirements:

- Must consist of 8 characters only
- Must consist of both Alpha (Letter) & (Numeric) Number
- No consecutive characters ex: AAA, BBB or 1111, 2222 can be used
- No consecutive keyboard characters (Alpha) Letters or (Numeric) Numbers on keyboard can be used ex: adfg or jklm.
- No symbols or underscore.
- Password must be in all CAPS.
- The word "Client" cannot be used.

Password Rejection:

- Three letter month abbreviation (MAR APR etc)
- Two digit number of the current month (01 for Jan, 02 for Feb, etc)
- More than three identical characters in a row (aaa, bbb etc)
- More than two consecutive characters of a table of characters located near each other on the keyboard (includes all numbers and common usages like ASDF, QWERTY)
- The character string ETIC (Do not use ETIC as part of the password)

| Provider Name | Provider Tax id | SFTP TSO (Change Healthcare only) |
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