



**ICE HEALTH SERVICE CORPS (IHSC)  
ACCOUNT REQUEST FORM FOR MedPAR ACCESS  
(E-mail completed form to [ICEEHRSupport@ice.dhs.gov](mailto:ICEEHRSupport@ice.dhs.gov))**



**REQUESTOR'S INFORMATION**

Last Name\*: \_\_\_\_\_ First\*: \_\_\_\_\_ MI\*: \_\_\_\_\_  
 Contact Phone #\*: \_\_\_\_\_ Contact Fax #\*: \_\_\_\_\_  
 Email Address\*: \_\_\_\_\_  
 Job Title\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

**REQUESTOR'S ORGANIZATION'S INFORMATION**

Organization's Name\*: \_\_\_\_\_  
 Detention Facility Code (ex. PIDC=Port Isabel Detention Center): \_\_\_\_\_  
 Physical Address\*: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_  
 Main Phone #\*: \_\_\_\_\_ Main Fax #\*: \_\_\_\_\_

**REQUESTOR'S SUPERVISOR'S INFORMATION**

Last Name\*: \_\_\_\_\_ First\*: \_\_\_\_\_ MI\*: \_\_\_\_\_  
 Contact Phone #\*: \_\_\_\_\_ Contact Fax #\*: \_\_\_\_\_  
 Email Address\*: \_\_\_\_\_  
 Job Title\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

**MedPAR TERMS AND CONDITIONS**

The MedPAR system is deemed Federal Property operated by IHSC. IHSC authorizes you to use the MedPAR system solely to enter payment authorization requests and track their status. Without limitation, you are not authorized to make the information available on any web site or otherwise reproduce, distribute, copy, store, use or sell the information for any reason without the express written consent of IHSC.

This is a non-assignable service, thus your right to use the MedPAR system is non-assignable and ***you may not distribute your username and password to other individuals in order for them to gain access to MedPAR.***

Any access or use that is inconsistent with these terms is unauthorized and strictly prohibited. Violators will be prosecuted to the fullest extent of the law. **By signing below, I and my supervisor understand and agree to these terms and conditions.**

Requestor's Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Requestor's Supervisor's Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**IHSC INTERNAL USE ONLY – (The following to be completed by IHSC)**

Information Verified and Correct: Yes  No  IHSC Verifier's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Account Approved: Yes  No  IHSC Approver's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

IHSC IT Personnel Initials Verifying Account Creation: \_\_\_\_\_ Date Created: \_\_\_\_\_

***\*Failure to complete all required fields legibly will result in an inability of IHSC to create MedPAR Account.***