



Multi-Specialty HealthCare

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Attorney Portal Feature Request Form

Send to: mperway@amm.bz or Fax: 410-933-1823

This form is required to request enhancements to the MSHC Attorney Portal.

Firm Name _____ Date _____

Contact Name _____ Phone _____ Email _____

Request Description _____

Type of Request New Feature Change Feature Existing Feature Fix

Request Details

Complete all information known at the time the request is submitted.

Reason for the change request – What problem is being resolved?

Module(s) affected (Client search, Visits, Documents, Appointments, Inquiry, Other)

Description of requested system change – What screen, business rule, data entry field, form?

Expected result – How will this benefit you or your firm?

Portal Workgroup Action

Date _____

Accepted _____ Assigned Group _____ Denied _____

To access our attorney web portal, please visit: www.MSHCLegal.com

Attorney Web Portal