

One form per person



Mercy Care SFTP Connectivity Enrollment Form

Please select one connection method for your agency.

1. Web logins only (if more than 8 users per agency, select a different method)
2. Provider connects to Mercy Care server for file upload and download (recommended connection)
3. Provider pushes files to Mercy Care / Mercy Care pushes files to provider (least preferred)

Please Print

Date Requested:

Company Name:

Company Full Address:

Company Phone Number:

Requestor Full Name and Date of Birth:

Requestor Contact Phone:

Requestor Contact Email:

Technical Contact Name, Phone, and Email:
(Required for connections 2 and 3)

The following information is required for a connection type 3

IP Address:

DNS Name:

Login ID:

Password:

Protocol – SSH (preferred) or SSL:

Port:

Path (exact upper case/lower case is needed):

Submitted Date:

Completed Date:

Test Date: