

Pinnacle Health RSA

Renewal for Expired Token

Token Serial Number _____

Expiration Date: _____

Acknowledgement

I agree to return the token if my employment status or physician privileges with Pinnacle Health change. If I fail to do so, \$100 will be deducted from my final paycheck (employees) or I will be billed for \$100 (non-employed physicians). [Please complete the below information and verify any information already valued:](#)

Name (printed): _____

Department / Practice Name: _____

Title: Office Staff Physician Vendor

RN Nurse Manager Other PHS Employee

Date: _____

Mother's Maiden Name: _____

Phone: _____

E-mail: _____

Token Delivery Options (Check one box)

Mail the token to business address if possible or personal address if applicable. Token is sent Certified Mail: [Please provide Mailing Address below:](#)

I will pick-up the token at Information Services in Brady Medical Arts Building, 2nd Floor.

(I/S will ask you to sign here upon receipt of token)

IS USE ONLY

Token Serial # _____

RFS # _____

Tracking Number _____

Token Returned on: _____

Authorized I/S Signature: _____