

UPMC Hamot

Identity Management System (IMS) For Non-Employees

Name: _____
Last Name First Name MI

Address: _____

City, State, Zip: _____

Phone No: _____

Date of Birth: _____

Please provide one of the following:

Driver's License Number: _____ **& State:** _____

OR

Passport Number: _____

OR

Social Security Number: _____