

# 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:** \_\_\_\_\_