

Therapist Name : {name}

Q.1. Do you have independent Professional Insurance?

=> {professional_insurance}

Q.2. Does your professional insurance policy meet healinhere minimum coverage amount of \$1,000,000 (occurrence)/ \$3,000,000 (aggregate)?

=> {professional_insurance_policy}

Q.3. Please provide your address?

=> {address}

Q.4. If Applicable: Please Add your Medicare PTAN Number (If Not Put N/A)

=> {ptan_number}

Q.5. If Applicable: Please Add your State Medicaid ID Number; along with the state (If Not Put N/A)

=> {medicaid_number}

Q.6. What Type Of Therapist Are You?

=> {type_of_therapist}

Q.7. How Do You Prefer To Communicate With Your Clients?

=> {communicate_with_your_clients}

Q.8. Which Ones Of The Below Descriptions Apply To You?

=> {descriptions_apply_to_you}

Q.9. What Is Your Preferred Language?

=> {language}

Q.10. Please confirm you have computer equipment and Wifi to access the healinhere provider platform.

=> {healinhere_provider_platform}

Q.11. Do you have experience working on a telehealth platform?

=> {telehealth_platform}

Q.12. I agree to allow my phone number to be used for calls or texts regarding my application and account. ?

=> {agree}

Q.13. Licence Number

=> {license_number}

Q.14. Country Of Qualification

=> {select_country_qualification}