

Therapist Name : John Doe

Q.1. Do you have independent Professional Insurance?

=> yes

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

=> policy_yes

Q.3. Please provide your address?

=> Mankapur

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

=> 1234

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

=> 1234

Q.6. What Type Of Therapist Are You?

=> Counsellor

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

=> VideoSession,ViaMessaging

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

=> MaleTherapist,Spiritual

Q.9. What Is Your Preferred Language?

=> undefined

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

=> confirm

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

=> telehealth-yes

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

=> agree-yes

Q.13. Licence Number

=> undefined

Q.14. Country Of Qualification

=> undefined