

Caremesh Application - Proof of Identity

To be completed by APPLICANT

Applicant Instructions: This form is to be used to provide proof of identity such that a Caremesh account can be created for you. The form must be notarized by a Notary public and sent to Caremesh at the email or fax at the bottom of this page. You will need to present a government issued picture ID, such as a driver's license, to the Notary public.

APPLICANT	Caremesh Activation Code (if you have one)		NPI (if you have one)	Business/ Hospital/ Practice Name *
	First Name *		Middle Name	Last Name *
	Home Street Address *		Home Street Address Line 2	
	City *	State *	ZIP *	
	Email *		Phone *	

To be completed by NOTARY PUBLIC

Notary Instructions: Please verify the person named in this document using one government issued photo ID. Please compare the picture to the applicant and record the ID information in the fields below.

APPLICANT ID	Applicant First Name *		Applicant Middle Name	Applicant Last Name *
	Type of Document *		Issuing Authority *	
	ID Number *		Expiration Date *	

NOTARY CERTIFICATION	State/ Commonwealth of *		County/ Parish of *	Date *
	I certify that the person named above appeared in person to me and presented the identification documentation listed above			
	Witnessed by * _____			
	First Name *	Middle Name	Last Name *	
	Commission Expiration (if applicable)		Organization/ Employer *	
	Email *		Phone *	

To be completed by APPLICANT

By signing below I confirm that the information provided above is correct.

Applicant Signature * _____	Date *
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PLEASE SEND THIS FORM TO **SUPPORT@CAREMESH.COM** OR FAX TO **703 665 0012**