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| **E-prescribing Verification Request Form** |

***UNFORTUNATELY WE NO LONGER ACCEPT THIS FORM VIA FAX. PLEASE DO NOT FAX THIS FORM.***

***FAX SUBMISSIONS WILL NOT BE PROCESSED.***

**SCAN & EMAIL THIS COMPLETED FORM TO**

**SUPPORT@ONETOUCHEMR.COM**

*Note: If any of the below information is missing, we will not be able to complete your request.*

*A separate request form must be completed for each provider in your practice.*

Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s One Touch EMR Practice ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s One Touch EMR Username \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s NPI# (not practice NPI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEA# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you already have an e-prescribing vendor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include a scanned copy of your state medical license & driver’s license below. Please ensure they are legible**

Copy of **driver’s license or passport** here

**(MUST BE CURRENT AND VALID)**

(Please scan & make sure copies are legible. If illegible we will be unable to process your request)

Copy of **state medical license** goes here

**(MUST BE CURRENT AND VALID)**

(Please scan & make sure copies are legible. If illegible we will be unable to process your request)

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**IMPORTANT! PLEASE CHECK THAT YOU HAVE COMPLETED THE FOLLOWING BEFORE EMAILING YOUR FORM:**

* Correct Practice ID and **PROVIDER** username have been supplied
* State medical license is current and valid. We will **not** accept DEA registration paperwork
* The **PROVIDER** has signed the form

***Note: By completing this form, you are authorizing One Touch EMR*** ***to file a service switch on your behalf. If a switch is required, this can impact the turn-around time on processing your request. You will be notified via email once you have been enabled to e-prescribe with One Touch EMR***