

## INSTRUCTIONS FOR COMPLETING SUBSCRIBER IDENTITY VERIFICATION

The attached form must be completed in its entirety and notarized by a current/licensed notary public. Two forms of identification (one must be a photo ID) must be provided to the notary, as proof of identity. Once all of these requirements have been completed, the OneHealthPort applicant should **fax, email or mail** the identity verification **form only** to OneHealthPort at:

Fax form to: 1-206-624-3168 (3-4 days process time)

Email scanned form: [escalation@onehealthport.com](mailto:escalation@onehealthport.com) (3-4 days process time)

Mail a hard copy: *OneHealthPort Registration, 2003 Western Avenue, Suite 600, Seattle, WA 98121* (7-10 to receive notice and process)

Once all information has been received and reviewed by OneHealthPort, you will receive email notification regarding approval of your application. For questions regarding the subscriber identity verification process or the status of your application, please contact the OneHealthPort Help Desk:

*OneHealthPort Help Desk:*

*Phone: 1-800-973-4797 (toll-free)*

### Instructions to Notary Public:

1. You must be a notary licensed in the state where the applicant resides or works.
2. The applicant must present two (2) forms of currently valid ID, from among the following choices:
  - a) Driver's License or Government Issued Identification Card
  - b) Social Security Card
  - c) Passport
  - d) Birth Certificate
  - e) Military ID Card

***Note to applicant: Please do NOT mail copies of above items to OneHealthPort. These are valid ID pieces for notary public purposes ONLY.***

3. At least one of the IDs you verify must be a photo ID.
4. Return the signed verification form to the applicant, who is responsible for delivery to OneHealthPort.

## SUBSCRIBER IDENTITY VERIFICATION

PRINT NAME: \_\_\_\_\_

(First Name, Middle Initial, Last Name)

Subscriber Business E-mail Address: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Gender: \_\_\_\_\_ YEAR of Birth: \_\_\_\_\_

I hereby represent that all above information is true and accurate.

Signature: \_\_\_\_\_

(Sign in the Presence of a Notary)

State of \_\_\_\_\_

County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, \_\_\_\_\_

*Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following two forms of identification as proof of his or her identity:*

*Driver's License or Govt. Identification Card*

*Social Security Card*

*Passport*

*Birth Certificate*

*Military ID Card*

Notary Public \_\_\_\_\_

Print and Sign

My Commission Expires: \_\_\_\_\_

