

AUTHORIZATION TO USE NPI FOR ELIGIBILITY
AND/OR
AUTHORIZATION TO USE PTAN FOR SAME OR SIMILAR

NPI Holder:

Requesting Entity:

NPI number: _____

PTAN number: _____

Authorization of NPI utilization for Eligibility: _____

Authorization of PTAN utilization for Same or Similar: _____

This agreement grants the Requesting Entity approval from the NPI Holder to utilize their NPI for the purpose of verifying patient's Medical Benefits Eligibility and/or PTAN for the purpose of Same or Similar through pVerify, Inc.

This limited authorization allows **pVerify, inc** to establish a portal for the above services to the users of the Requesting Entity.

- The Requesting Entity shall be solely responsible for payment made to pVerify for their services and shall establish their own contacts with pVerify for the same.
- The NPI Holder shall not be liable for payment to pVerify under any circumstances.
- This limited authorization shall be for the usage of the Requesting Entity for pVerify's systems usage in establishing portals for Insurance Eligibility and Same or Similar.

The NPI Holder AUTHORIZES the Requesting Entity usage of the above checked services.

NPI Holder

Signature: _____

Name: _____

Date: _____

Requesting Entity

Signature: _____

Name: _____

Date: _____