



INSTRUCTIONS FOR COMPLETING SUBSCRIBER IDENTITY VERIFICATION

This 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 mail the identity verification form only to OneHealthPort at:

***OneHealthPort Registration
2003 Western Avenue
Suite 600
Seattle, WA 98121***

Once all information has been received and reviewed by OneHealthPort, you will receive email notification regarding approval of your application. From the time you mail the identity verification form, it will normally take 7 to 10 days to receive notice. 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)
E-mail: support@onehealthport.com*

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
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 mailing it to OneHealthPort.

OneHealthPort

SUBSCRIBER IDENTITY VERIFICATION

PRINT NAME: _____

(First Name, Middle Initial, Last Name)

Subscriber E-mail Address: _____

OHP UserID (provided during OHP online registration): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Organization ID # (provided during OHP Provider registration): _____

Business Phone Number: _____

Gender: _____ Date 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 _____, 200__, _____

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:

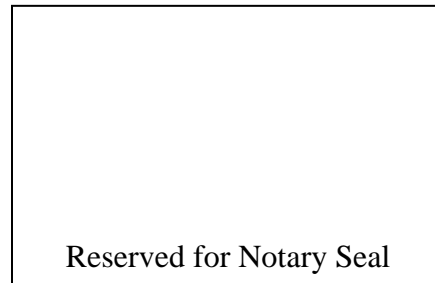
Driver's License or Govt. Identification Card

Social Security Card

Passport

Birth Certificate

Military ID Card



Notary Public _____
Print Name

My Commission Expires: _____

Notary Public Signature: _____