



## Individual Identity Proofing – DIRECT Services

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Preferred DIRECT Account Name \_\_\_\_\_ [@direct.ohr.alabama.gov](mailto:direct.ohr.alabama.gov) \_\_\_\_\_

Affiliated Organization (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Form of Photo Identification Presented (If verified in person, please note it on this form.)

License

Passport

License Type: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

If the individual being ID proofed is a provider, please include professional license and print out of NPI number from the NPPES database showing their employment at the organization.

Provider type

Primary Care Provider       Specialist (specify) \_\_\_\_\_

Pharmacist       Behavioral Health Provider

Other (Specify) \_\_\_\_\_



Please attach the following and send by fax to 734-669-7796

1. Copies of the appropriate documentation listed above
2. Notarized statement below
3. Statement from appropriate HR or other authority certifying the individual's right to act on behalf of the organization.

**Notary statement**

I certify that the attached copy(ies) of \_\_\_\_\_

dated \_\_\_\_\_ are true, correct and complete copy(ies) the original(s).

In witness whereof, I hereunto set my hand and official seal on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Notary Public



**Acknowledgement of Individuals Right to Act on Behalf of the Organization.**

Must be signed by appropriate executive sponsor for the organization. Examples: CIO, COO, Director of IT.

This confirms that (name of individual)\_\_\_\_\_ is currently employed by (name of organization) \_\_\_\_\_. I acknowledge their role as \_\_\_\_\_ and confirm they have been given the authority to act on behalf of this organization.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Truven Use:**

Truven Staff Name \_\_\_\_\_

Truven Staff Signature \_\_\_\_\_

Date IP Completion \_\_\_\_\_