WL WELL
TELEHEALTH SERVICES
WATSON LEIGH

Service Provider Verification Checklist

	if Y/N			
First Name				
Last Name				
Email				
Primary Credentials		MD/DO	PA	APRN
Primary Specialty				
NPI #				
DEA Certification?				
States Licensed				
State Specific License #				Provide Copy of Lic.
Board Certification Specialization				
Need Out of State Registration?				
Med Mal Ins Company				Provide Dec. Page
Coverage Limits				
Expiration Dates				
Medical School Name				
Dates Attended				
Date Graduated				
Residency Hospital				
Residency Completed				

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