

Manual Registration

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## The Time for ePrescribing is Now

Welcome to the registration process for Allscripts ePrescribe™. Fax-In registration is quick and easy. You must be a physician to register, and **only one physician per practice needs to complete this registration process**. Other users can be added later through ePrescribe.

There are three steps to the process:

### Step 1: Complete this form

### Step 2: Fax us valid copies (not web copies please) of the following:

- This completed form
- DEA Number with Expiration date
- NPI Number
- State License Number with Expiration date
- Government issued ID (such as drivers license)
- Provide a faxed notarized form showing Applicant presented to Notary:
  - (1) Form of identification from National Government Photo IDs  
**OR**
  - (2) Forms of identification from Non-National Government Photo IDs  
**OR**
  - (1) Form of identification from Non-National Government Photo IDs **AND** (1) from Non-Photo IDs

### Step 3: Confirm identity and finish registration

Once your identification is verified, please look for a confirmation email with final instructions to register your practice.

We are confident that you and your patients will enjoy the safety and convenience advantages offered by electronic prescribing with ePrescribe by Allscripts Healthcare, LLC.

Sincerely,  
ePrescribe Support Team

**Please fax this form and requisite documents to 919.800.6001**

### Practice Information

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Practice City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Practice Phone: (\_\_\_\_\_) \_\_\_\_\_

Practice Fax: (\_\_\_\_\_) \_\_\_\_\_

### Provider Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_

Secondary Specialty: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth year: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Please print clearly and legibly. You will receive a confirmation email to this address once registration is complete.

*Either DEA information or NPI is required to register. You will be required to provide proof of the license that you provide.*

NPI: \_\_\_\_\_

DEA Number: \_\_\_\_\_

DEA Expiration Date: \_\_\_\_\_

DEA Schedule: II III IV V Circle all that apply

State License Number: \_\_\_\_\_

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

Issue state: \_\_\_\_\_

**Required Document 1 for Notary:**

Document Type		Photo ID: Y/N
Issued By		
Serial Number		Expiration Date:
Name appearing on Document		

**Required Document 2 for Notary:**

Document Type		Photo ID: Y/N
Issued By		
Serial Number		Expiration Date:
Name appearing on Document		

**For security purposes, please provide your mother's maiden name. We will not be able to process your application without this information.**

Mother's maiden name: \_\_\_\_\_

**Office use only:** Enterprise Client ID: N/A Referring ID: N/A

Please fax us valid copies (not web copies please) of your State License, DEA certificate, government issued ID (such as a drivers license), along with this completed document.

**Please fax this form in its entirety and requisite documents to 919.800.6001**

## Allscripts ePrescribe (TM) AUTHORIZATION

THIS IS A LEGAL AGREEMENT BETWEEN YOU (DEFINED BELOW) AND ALLSCRIPTS HEALTHCARE, LLC ("ALLSCRIPTS"). BEFORE SUBMITTING ANY DATA OR INFORMATION TO ALLSCRIPTS AS PART OF THE ePrescribe SERVICE ENROLLMENT PROCESS, YOU MUST CAREFULLY READ AND AGREE TO THE TERMS AND CONDITIONS CONTAINED IN THIS ePrescribe AUTHORIZATION (THIS AGREEMENT). BY SIGNING BELOW, YOU REPRESENT THAT YOU ARE ACTING ON BEHALF OF YOURSELF, AS AN INDIVIDUAL, AND YOUR EMPLOYER (COLLECTIVELY; YOU), AND THAT YOU AGREE TO BE BOUND BY THIS AGREEMENT.

1. DATA SUBMISSION, COLLECTION AND USE. You represent and warrant that (a) all of the information and data submitted to Allscripts as part of the ePrescribe enrollment process (collectively, the "Data") is accurate and complete; and (b) You have the authority to submit all such Data. You acknowledge and agree that Allscripts Healthcare, LLC has the right to (i) take all steps necessary to confirm Your identity and otherwise verify such Data, including without limitation, the right to submit Data to third parties; (ii) otherwise use such Data in the course of the ePrescribe enrollment process or the ePrescribe service for any legal purpose (including without limitation, the right to share such Data with third parties); and (iii) use such Data to contact you regarding the ePrescribe enrollment process, the ePrescribe service, or any other product or service that we believe might be of interest to You. You specifically consent to the foregoing uses of such Data. You agree to defend, indemnify, and hold Allscripts Healthcare, LLC, its officers, directors, employees, agents, licensors, and suppliers, harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, the provision, receipt or use of any Data submitted to Allscripts Healthcare, LLC hereunder. ALLSCRIPTS

HEALTHCARE, LLC RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO DETERMINE ELIGIBILITY FOR THE ePrescribe SERVICE. YOU UNDERSTAND AND AGREE THAT ENTERING INTO THIS AGREEMENT OR SUBMITTING DATA HEREUNDER IS NO GUARANTEE THAT YOU WILL BE APPROVED FOR PARTICIPATION IN THE ePrescribe SERVICE.

2. NO WARRANTIES; DISCLAIMER: ALLSCRIPTS HEALTHCARE, LLC, ON ITS OWN BEHALF AND ON BEHALF OF ITS LICENSORS, CONTRACTORS, SUPPLIERS AND ANY OTHER PARTIES WHO MAY BE ASSOCIATED WITH THE ePrescribe SERVICE, TO THE MAXIMUM EXTENT PERMITTED BY LAW, DISCLAIM ALL WARRANTIES HEREUNDER. TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THIS AGREEMENT, IN NO EVENT SHALL ALLSCRIPTS HEALTHCARE, LLC, ITS LICENSORS, SUPPLIERS OR ANY THIRD PARTIES BE LIABLE FOR ANY INDIRECT, CONSEQUENTIAL, SPECIAL, PUNITIVE OR INCIDENTAL DAMAGES (INCLUDING WITHOUT LIMITATION, DAMAGES FOR PERSONAL INJURY, SICKNESS, DEATH, BUSINESS INTERRUPTION, OR LOSS OF BUSINESS INFORMATION) OR DAMAGES FOR LOSS OF PROFITS OR REVENUES THAT MAY RESULT FROM OR IN CONNECTION WITH THE SUBMISSION, RECEIPT OR USE OF DATA HEREUNDER, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, OR EVEN IF SUCH POSSIBILITY WAS REASONABLY FORESEEABLE, WHETHER BASED ON WARRANTY, CONTRACT, TORT OR ANY OTHER LEGAL THEORY. ALLSCRIPTS HEALTHCARE, LLC SHALL BE LIABLE ONLY TO THE EXTENT OF ACTUAL DAMAGES INCURRED BY YOU, NOT TO EXCEED ONE HUNDRED DOLLARS (\$100). Remedies under this Agreement are exclusive and are limited to those expressly provided for in this Agreement.

3. GENERAL: Unless and until You enter into a Participation Agreement governing the ePrescribe Service, this Agreement constitutes the entire agreement between you and Allscripts Healthcare, LLC with respect to ePrescribe. You expressly agree that exclusive jurisdiction for any dispute with Allscripts Healthcare, LLC, or in any way relating to your use of the ePrescribe service, resides in the courts of the State of Illinois and you further agree and expressly consent to the exercise of personal jurisdiction in the courts of the State of Illinois in connection with any such dispute including any claim involving Allscripts Healthcare, LLC or its affiliates, subsidiaries, employees, contractors, officers, directors, telecommunication providers, and content providers. This Agreement is governed by the internal substantive laws of the State of Illinois, without respect to its conflict of laws principles. If any provision of this Agreement is found to be invalid by any court having competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect. No waiver of any of this Agreement shall be deemed a further or continuing waiver of such term or condition or any other term or condition.

February 2014  
Confidential and Proprietary, Allscripts Healthcare, LLC

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby confirm that on the above date, the Applicant personally appeared before me, signed the document in my presence, and presented identity documents (s), one of which was a government issued photo.

**Notary Public**

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_  
(name of Applicant)

Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Printed Name of Notary \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Seal

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222 Merchandise Mart #2024, Chicago, Illinois 60654

**Listing of Acceptable Identity Proofing Documents**

For identity proofing, applicants must present:

- (1) form of identification from **Group A:** National Government Photo IDs  
**OR**
- (2) forms of identification from **Group B:** Non-National Government Photo IDs  
**OR**
- (1) form of identification from **Group B:** Non-National Government Photo IDs **AND** (1) from **Group C:** Non-Photo IDs

Group A IDs must be issued by a national government agency and must include a photo of the applicant. Group B and C IDs can be issued by a government agency (federal, state or local) or other reputable organization and may not include a photo of the applicant.

**Group A:**

The following is an **example** list of national government agency IDs which generally include a picture and qualify as the sole form of identification:

- U.S. Passport (unexpired or expired)
- Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
- Driver's license issued by a non-US national (state, regional, or provincial driver's licenses do not apply) government authority provided it contains a photograph and information such as name, date of birth, gender, height, eye color and address
- Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
- U.S. Military ID Card
- Military dependent's ID card

**Group B:**

The following is an **example** list of acceptable non-national government forms of identification that include a photo of the applicant. The applicant may present any two forms of ID from this list, or optionally one from this list and one from Group C below:

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph and information such as name, date of birth, gender, height, eye color and address
- Driver's license issued by a non-US government authority (state, regional, or provincial) provided it contains a photograph and information such as name, date of birth, gender, height, eye color and address
- ID card issued by a state or local government agencies or entities, provided it contains a photograph and information such as name, date of birth, gender, height, eye color and address
- A corporate ID card with photograph
- School ID card with a photograph

**Group C:**

The following is an **example** list of acceptable forms of identification that do not have a photo of the applicant. The applicant may only present one of the forms of identification ID from this list in conjunction with a single form of identification from Group B above:

- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-550 or N-570)
- Unexpired Temporary Resident Card (Form I-688)
- Unexpired Employment Authorization Card (Form I-688A)
- Unexpired Reentry Permit (Form I-327)
- Unexpired Refugee Travel Document (Form I-571)
- Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)
- Voter registration card
- U.S. Coast Guard Merchant Mariner Card
- U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- Original or certified copy of birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- Certificate of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

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