



Signature/Name Verification

Provider: \_\_\_\_\_ NPI No: \_\_\_\_\_

Date: \_\_\_\_\_

**This is to certify that my legal signature is as written and typed/printed below.** This signature must exactly match signatures on all Provider Documents. It must also be signed in the presence of a witness as a secondary verification that the signature belongs to the provider indicated.

\_\_\_\_\_  
(Print or Type Provider Name)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
(Print or Type Witness Name)

\_\_\_\_\_  
Witness Signature