

iCoreRx: Practice & Provider Details Checklist

To speed up registration, please have the following information available to complete registration. All items below are Required unless otherwise indicated

Practice Details

- Practice Name
- Practice Address
- Practice Phone
- Practice Fax
- Practice Website (if applicable)
- Practice Email
- Organization / Practice NPI #
- Practice EIN / Federal Tax ID
- Primary Contact Name
- Primary Contact Email Address

IT Details

- Current Practice Management Software (PMS/EHR)
- Practice Management Software Version #
- IT Company Name
- IT Contact Phone
- IT Contact Email

Details For Each Prescriber/Doctor

- Name (as it appears on driver license)
- Email Address
- NPI #
- State Medical/Dental License #
- DEA #
- Upload DEA details for each prescriber/doctor (*optional*)

Details For Each Additional User

(Non-prescribing users may 'stage' a prescription but only the actual prescriber may 'transmit' the prescription)

- Name (as it appears on driver license)
- Email Address
- Role/Title