

Provider PA Registration Requirements

To register providers and their staff for Velocity ePA, the following information is required. All information is kept confidential, is not shared outside of Velocity ePA, and is used to register providers and their staff.

Please submit all information to either:

Email: help@velocityepa.com

FAX: 855-904-3713

Office Information:

Office Contact Name (first, last)	
Office Contact Phone	
Office Contact Fax	
Office Contact email (REQUIRED)	
Facility Name	
Facility Address	

Healthcare Provider Information:

Provider Name (first, last)	
Provider Phone	
Provider Fax	
Provider Specialty	
Provider State License Number	
Provider NPI	

Staff who may access Velocity Account:

Staff Name (first, last)	
Staff Role (MA or Nurse)	
Staff Phone and Extension	
Staff Fax	
Staff email	

I, the practicing provider, understand that signing this document registers me and my staff for the Velocity ePA PA program and stores my signature in the Velocity ePA PA system. As part of this PA program, Velocity ePA will submit PA requests on my behalf.

Provider Signature _____

Date: _____

Please remember to save this document before submitting or closing.

Email Form