



eRx Enrollment Form

Prescriber Name *	:	_____
		First Name, Middle Initial, Last Name
Prescriber NPI # *	:	_____
State Medical License #	:	_____
Prescriber DEA #	:	_____
Prescriber Date of Birth	:	_____
Practice Name *	:	_____
Practice Address *	:	_____
Practice City, State, Zip code *	:	_____
Home Address Line1 *	:	_____
Home Address Line 2	:	_____
City *	:	_____
State *	:	_____
Zip *	:	_____
Office Phone *	:	_____
Mobile Phone	:	_____
Fax Number *	:	_____

Pharmacy Refill Requests in CharmHealth * ☐ : Yes ☐ No

[If you choose Yes, then refills for this location will be received in CharmHealth EHR only. If you have eRx service enabled with another EMR, you will not be receiving pharmacy refill requests in it.]

* - Indicates a mandatory field

By signing this form, I hereby certify, under penalty of perjury, that the above information is accurate and complete, and that I have the legal authority and am licensed to prescribe medication in the state where I practice as set forth above.

I hereby consent to MedicalMine, Inc. ("MedicalMine"), verifying the above information, which may involve contacting and disclosing any of the above information to third parties. I further



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consent to and authorize MedicalMine, to charge my personal credit card an administrative fee of \$ 25.00 and to verify my billing/home address and other credit card information through a third-party source, including without limitation a credit bureau such as Experian, TransUnion or Equifax, as of the date of execution of this Enrollment Form and at any time during my enrollment in eRx. Such consent and authorization is given with respect to any authorized agent of MedicalMine, including without limitation attorneys or credit agencies retained by MedicalMine for such purpose.

I acknowledge that successful completion of my enrollment and access to eRx is conditioned upon verification of information provided by me herein, which is subject to continued re-verification by MedicalMine at any time during which I am enrolled in eRx.

I agree to pay monthly subscription fee of \$10.00 towards maintenance of eRx account in CharmHealth EHR. The fee will be charged to the card on file associated with your practice account in CharmHealth EHR.

If there are any changes to the above information submitted, I will notify MedicalMine by email support@charmhealth.com, and re-submit a corrected form within 15 calendar days.

Prescriber's Signature: _____ Date: _____

INSTRUCTIONS:

1. Please complete and sign this eRx Enrollment Form, certifying its accuracy, then scan and upload it to your CharmHealth EHR practice account under "Settings -> eRx", mail it to MedicalMine, Inc. at 4141 Hacienda Dr, Pleasanton, California 94588, or contact your Sales Representative at MedicalMine, Inc., telephone no. (855) 571-5557.
2. In addition, please scan and upload copies of both (a) your state medical license (or its equivalent) *or* NPI card, *and* (b) a government-issued photo ID, such as driver's license or passport.
3. eRx Verification payment button display location will change based on your CharmHealth EHR version. In CharmHealth EHR version1.1, payment button will appear in Provider's Dashboard view whereas in version1.2 payment button will be in "Settings -> eRx" view. Complete the payment form with the personal credit card information, i.e., Credit Card number, expiry date, authorization code and billing address which matches your home address given in the eRx Enrollment Form. Business Credit Credits are not accepted for ID proofing process.



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4. After successful submission of the card information, wait for 3 days. Experian Validation button for ID proofing will be enabled at the same location where payment was initiated, based on your CharmHealth EHR version. Click on the validation button and answer the questions. These questions are auto-generated by Experian based on credit bureau information.
5. On successful completion of ID proofing, MedicalMine will send you a new password to your verified home address or mobile number. This password has an expiry of 15 days. Login to your account with your current password and do change password to the new password received by mail. eRx will be enabled only if the password matches.
6. Once eRx is enabled, you can choose your own password.



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FCRA Authorization Form

By signing this form, I understand that, I am providing “written instructions” to MedicalMine Inc., under the Fair Credit Reporting Act (FCRA) authorizing MedicalMine Inc., to obtain information from my personal credit profile or other information from Experian. I authorize MedicalMine Inc., to obtain such information solely to confirm my identity and billing/home address for enabling electronic prescribing of medications and to avoid fraudulent transactions in my name.

Prescriber's Signature: _____ Date: _____