

## Identity Verification Form

**Instructions:** To obtain access to Availity Essentials, Availity, LLC, requires that users verify their identity manually when electronic verification is unsuccessful. Please complete this form (step 1), have it notarized (step 2), and return the original notarized form to Availity (step 3). From the date of application in Availity Essentials, users have 45 days to submit this form before the application is automatically rejected. For questions about this process, contact Availity at 1-800-282-4548.

**Step 1: Enter user's (applicant's) information below. All fields are required.**

CUSTOMER INFORMATION			
Legal First Name	Legal Last Name (current and previously used)	Date of Birth (mm/dd/yyyy)	
Phone Number (xxx) xxx-xxxx	Country	State (if US)	Availity Application or User ID

**Step 2: Print and present this form to be signed in the presence of a notary with your government-issued photo ID.**

NOTARY IDENTITY VERIFICATION	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">           A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document         </div>	
Notary State: _____ Notary County: _____	
On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared, is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.	
I certify under PENALTY OF PERJURY under laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal below.	
_____ User/Applicant Signature (must match name in step 1)	_____ Date Signed
_____ Notary Public Signature	_____ Notary Stamp/Seal:
_____ Printed Name of Notary Public	
_____ Commission Number	
_____ Commission Expires	

**Step 3: Mail original notarized form to:** Attn: Availity ID Verification  
 10004 N. Dale Mabry Hwy, Suite 106  
 Tampa, FL 33618

Internal Use Only: