

Documentation

Please copy/scan the following documents and email them to support@alignlife.com

FO	R ALL D	<u>OCTORS</u>	
	Chirop	practic License [If you are currently in practice]	
	Сору	Copy of Malpractice Insurance Policy [If you are currently in practice]	
	Driver's License		
	List of	List of current leases and loans with respective terms, interest, prepay options and payoff date	
ON	LY FOR	DOCTORS WHO OWN THEIR OWN CLINIC	
Fin	ance Re	eports	
		Last year's business tax returns	
		Monthly Profit and Loss Statement for each month for the past 12 months with totals	
		Balance Sheet for the last year and the current year	
Pra	ctice Re	eports	
		Current Fee Schedule	
		EOBs of top three insurance companies showing payments for as many of the following codes as	
	pos	possible: 98940, 98941, 98942, 98943, 99202, 99203, 99212, 99213, 72040, 72080, 72100, 97110, 97112, 975	
		Report of current income by CPT code if the report is available in your current EMR system	
		Two sample care plans with insurance verification of the Two cases (cross-out patient names)	
Off	ice Lay	put	
		Schematic of Floor Plan	
		Exterior Picture of Clinic (Front of building, signage, parking)	
		Interior Picture of Clinic (Each room with focus on equipment, furniture and wall hangings)	