*Completed profile is needed to begin your marketing efforts.*

# Supplemental Items

Please email the following assets to your sales representative or account executive:

* 10 or more digital photos of your team and facility. These can include the doctor(s), the building, the waiting room, front desk, consultation room, surgery room, recovery room, staff, etc.
* A copy (scan or photo) of each physician’s medical license (required by selected physician listing sites to verify and claim listings)
* One of the following per location for purposes of verifying the location to data providers: a copy of your business license reflecting the current address OR a recent utility bill reflecting the current address

# Practice Profile

|  |  |  |  |
| --- | --- | --- | --- |
| Legal business name(s) and DBA(s) | |  | |
| Past business name(s) | |  | |
| Current address(es) and phone number(s) | |  | |
| Past address(es) and phone number(s) | |  | |
| Business email to display on local listings | |  | |
| Year practice was established |  | Years at current location |  |
| Hours of operation for each location |  | Number of employees |  |
| Do you see patients by appointment only? |  | Wheelchair access (Y/N) |  |
| Payment options accepted | |  | |
| Parking options (for each location) | |  | |
| Languages spoken | |  | |
| Insurances accepted | |  | |
| Are there any other businesses at any of your locations? | |  | |
| Do you share a phone number with another business? | |  | |
| Does a staff member answer the phone, or do you use an auto-attendant? | |  | |
| What is your consultation fee? | |  | |
| EMR and CRM (if any) used | |  | |
| Additional websites (urls currently in use, or that “forward” or “redirect” to your current site) | |  | |
| Name of “Contact Person” to use when signing up for third-party websites | |  | |

# Provider Information

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name | |  | |
| NPI Number |  | DOB |  |
| Last 4 of SSN/SIN |  | DEA # |  |
| Regions where licensed and corresponding license numbers | |  | |
| Hospital Affiliations | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name | |  | |
| NPI Number |  | DOB |  |
| Last 4 of SSN/SIN |  | DEA # |  |
| Regions where licensed and corresponding license numbers | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name | |  | |
| NPI Number |  | DOB |  |
| Last 4 of SSN/SIN |  | DEA # |  |
| Regions where licensed and corresponding license numbers | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name | |  | |
| NPI Number |  | DOB |  |
| Last 4 of SSN/SIN |  | DEA # |  |
| Regions where licensed and corresponding license numbers | |  | |

# Google

*Please list any usernames and passwords for Google in the table below. Generally, there is one main Google login. However, some have multiple logins for each Google property. If you have multiple, please provide as applicable below.*

|  |  |  |
| --- | --- | --- |
| **Website** | **Username** | **Password** |
| Google |  |  |
| Google My Business |  |  |
| Analytics |  |  |
| AdWords, |  |  |
| Google Search Console |  |  |
| YouTube |  |  |

# Local Listings & Social Sites

*Please list any usernames and passwords for local listing and social sites in the table below.*

|  |  |  |
| --- | --- | --- |
| **Website** | **Username** | **Password** |
| Bing |  |  |
| Neustar/Localeze |  |  |
| Express Update |  |  |
| Yelp |  |  |
| Instagram |  |  |
| Facebook |  |  |
| Twitter |  |  |
| Pinterest |  |  |
| Yext |  |  |
| DexMedia |  |  |