



Signature “Card”

To fulfill federal requirements, NEIGHBORCARE HEALTH needs to have a signature card on file for staff members who have access to patient charts.

- 1) Please print your name on the top line below.
- 2) Sign directly below your printed name, and
- 3) Initial below your signature.

Return this form to the NEIGHBORCARE HEALTH Administrative Office ATTN: Credentialing (with the rest of the application packet).

Signature Card:

Print Name
Signature:
Initials: