

## Identity Proofing for DoseSpot ePrescription (eRx)

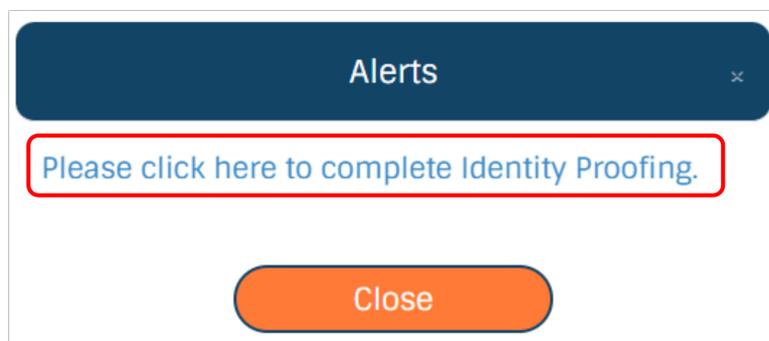
Chi - 2024-04-03 - [eRx](#)

For Providers who have not completed the Identity Proofing Process (IDP), and new eRx subscribers from March 31, 2024, onwards - this guide will walk you through the newly introduced facial recognition identification feature for Identity Proofing of DoseSpot.

1. Once you have signed into your profile, look for the “!” next to the welcome message in the top left corner of your home page.



2. The “!” will pop up the alert seen below. Click **Please click here to complete the Identity Proofing** to begin the identity proofing.



3. A disclaimer explaining the identity proofing process and what will be needed during the process will pop up. Check the box, then click **Start** to proceed to the IDP.

**Identity Proofing** ×

Identity proofing of specific financial records is required for continued use of DoseSpot. These Services are done through the Experian agency.

In certain cases the information provided may not match Experian's electronic records and may cause verification issues. If identity verification issues continue, please contact Experian support at 800-831-5614

I hereby (i) certify that my personal and financial information provided is true and correct and (ii) authorize DoseSpot & Experian to collect data outlined in the data collection policies [here](#) as well as release and covenant not to sue specific parties outlined in the policy page link.

Start

Cancel

4. When the disclaimer is finished, you will see the first step (left picture below) in the process. You will fill out your personal information and hit next. Please be mindful of what has a red asterisk and is mandatory for completing IDP. Once "Next" is selected, you will see step 2 of the IDP. You will be asked four multiple-choice questions about your credit history. Select "Next" once completed.

**Identity Proofing**

**Step 1:**  
To complete the identity proofing process, please enter in the following information below.  
Sensitive personal information such as social security, credit cards, etc. are used solely for the identity proofing purposes. We do not retain this data at DoseSpot.

**Legal First Name\***

**Legal Middle Name**

**Legal Last Name\***

Bays

**Home Address\***

**City\***

**State\***  
West Virginia

**Zipcode\***

**Date of Birth**  
09-22-1949

**Mobile Phone Number\***

By checking this box, you agree to receive a one time password texts from Experian. Message and data rates may apply.

**Social Security Number\***

**Credit Card Number (No Debit Cards, Please)\***

**Driver's License Number**

\*Providing a drivers license number is highly encouraged as it increases pass rate.

To complete the identity proofing process, please enter the following information. This information is used solely for the Experian identity proofing process and is not retained by DoseSpot.

According to your credit profile, you may have opened a mortgage loan in or around May 2021. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

PARKWAY MTG  
 BK OF AMER  
 ROCK FINANCIAL CORP  
 INDEPENDENCE ONE  
 NONE OF THE ABOVE/DOES NOT APPLY

According to your credit profile, you may have opened a Home Equity Line of Credit type loan in or around May 2021. Please select the lender to whom you currently make your payments or made your payments.

PRUDENTIAL HOME MORT  
 NORWEST BANK  
 BK OF AMER  
 INDEPENDENT MTG  
 NONE OF THE ABOVE/DOES NOT APPLY

According to your credit profile, you may have opened an auto loan in or around June 2019. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

VOLVO FIN  
 TOYOTA MOTOR CREDIT CO  
 VOLKSWAGEN CREDIT  
 BMW FINANCIAL SVCS  
 NONE OF THE ABOVE/DOES NOT APPLY

You may have opened an auto loan or auto lease in or around June 2019. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

\$145 - \$244  
 \$245 - \$344  
 \$345 - \$444  
 \$445 - \$544  
 NONE OF THE ABOVE/DOES NOT APPLY

5. This brings us to the new facial recognition step of IDP. You will see here in this popup that a link and instructions have been sent to your cell phone through text message (right picture). You will complete the Facial Recognition on your own.

**Identity Proofing**

**IDP Facial Recognition:**  
A link has been sent to your phone 3047688223 to commence with the Experian Facial Recognition Process. Select the link and follow the instructions set by Experian to complete this step of the IDP Facial Recognition process.

**Facial Proofing Status:** In-Progress

[Update Your Phone Number](#)

Please click this link to continue the ID Verification Process [https://webservice-da-na-id-verify-  
uat.a.apps.experian.com/  
urlshortener/get-original?  
token=2c2366a91a454f1dad  
af2ed98665a120](https://webservice-da-na-id-verify-uat.a.apps.experian.com/urlshortener/get-original?token=2c2366a91a454f1dadaf2ed98665a120)

6. After facial recognition has been completed on your cell phone, you will see one of two banners at the top of your DoseSpot page.

- The green banner shows a successful message that IDP has been completed.
- The red banner shows a failed IDP.

Your identity proofing process was successfully completed. Please now start the TFA process to authorize the prescribing of controlled substances. ×

**Jill Levin, Female, 31 yrs** +

Edit Patient Info   Add/Edit Drug Allergies   Add/Edit Pharmacies

**Coverage Details** +  
No eligible coverages found.

Add Prescription  
Add Patient Reported

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Your identity proofing process was unsuccessful due to wrong/invalid information. Please reinitiate the process or call support at 800-831-5614 if there is continued failure of identity proofing. ×

**Jill Levin, Female, 31 yrs** +

Edit Patient Info   Add/Edit Drug Allergies   Add/Edit Pharmacies

**Coverage Details** +  
No eligible coverages found.

Add Prescription  
Add Patient Reported

Need more assistance? Send us an email at [help@vsee.com](mailto:help@vsee.com) or check out the [Help](#) section under the Profile Menu of your VSee Clinic.

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