

Maintenance of Licensure (MOL)

Provider:
Claim Letter and Provider Pin:
Licence Number:
Licence State:
Primary Specialty:

Dr.,

The state of **Pennsylvania** requires annual validation of each provider's basic demographic information for the purpose of **Maintenance of Licensure (MOL)**.

This correspondence is intended to notify us, if the provider should no longer be listed as a practicing physician in our database.

Verification Steps:

- 1) Click on "**Start and Complete**" to verify provider information (**estimated completion time: 2 minutes**)
- 2) Verify provider information and click "**Done**"
- 3) Once complete, we'll automatically update our records to show your validation is done. This will prevent follow up validation requests being sent to your office.

PROVIDERS ARE **REQUIRED TO COMPLETE** THIS INFORMATION NO LATER THAN **APRIL 5, 2019**