OREGANO
WELLNESS

PROVIDER NEW ACCOUNT APPLICATION

Please complete all sections of this application. All information will remain confidential.

1. PROVIDER & PRACTICE INFORMATION

Legal Business / Practice Name:	DBA / Practice Name (if applicable):	
Provider Full Legal Name:	**Medical Specialty:**	
NPI Number:	**State Medical License Number:**	
State of Licensure:	**DEA Number (if applicable):**	
Practice Address:		
City:	State:	Zip Code:
Shipping Address (if different):		
City:	State:	Zip Code:
Billing Address (if different):		
City:	State:	Zip Code:
Practice Phone:	**Provider Phone** (Direct):	
Practice Email:	**Provider Email** (Direct):	
Practice Website:	**Tax ID / EIN:**	

2. PRIMARY CONTACT INFORMATION (IF DIFFERENT THAN PROVIDER)

Contact Name:	**Title / Position:**
Email:	**Phone:**

3. ADDITIONAL PRACTICE INFORMATION

Medical Director (if applicable):	**Medical Director NPI:**

Do you operate as:
☐ Sole Proprietor ☐ LLC ☐ Corporation ☐ Partnership ☐ Other: ______________________

Are you a licensed healthcare facility?
☐ Yes ☐ No If yes, please specify type: ______________________________

4. DOCUMENTS REQUIRED (PLEASE UPLOAD COPIES)

☐ Copy of Medical License	☐ W-9 (Tax Identification Form)	☐ Malpractice Insurance Certificate
☐ NPI Verification	☐ DEA Certificate (if applicable)	☐ Other: ______________
☐ Government Issued Photo ID	☐ Resale Certificate (if applicable)	☐ Other: ______________

OFFICE USE ONLY ☐ Approved ☐ Pending ☐ Denied

Date Received: ________________ Account #: ________________ Approved By: ________________

Prescription & Clinical Responsibility Disclaimer

This acknowledgment and disclaimer agreement must be reviewed and signed by all providers and/or authorized representatives establishing an account with Oregano Wellness.

Disclaimer & Provider Responsibility Acknowledgment

The undersigned provider and/or authorized representative understands, acknowledges, and agrees to the following:

• Oregano Wellness acts solely as a wholesale distribution and fulfillment intermediary and does not engage in the practice of medicine, pharmacy, or patient-specific clinical decision-making.

• Oregano Wellness does not provide medical advice, medical treatment recommendations, diagnoses, or patient care services.

• Oregano Wellness does not prescribe medications or determine whether any treatment, therapy, peptide, or protocol is appropriate for any patient.

• All prescribing decisions, patient evaluations, informed consent procedures, dosing determinations, monitoring, follow-up care, and clinical oversight remain solely the responsibility of the licensed healthcare provider.

• The provider agrees that all products obtained through Oregano Wellness will only be used in accordance with applicable federal, state, and local laws and regulations.

• The provider independently assumes full responsibility and liability for all patient treatment decisions, prescribing practices, and use of products purchased through Oregano Wellness.

• Oregano Wellness makes no representations regarding patient outcomes, efficacy, or suitability of any product for any specific patient or condition.

• The provider agrees to indemnify and hold harmless Oregano Wellness from claims, liabilities, damages, or regulatory actions arising from improper prescribing, misuse, non-compliant marketing, or unauthorized distribution.

• Oregano Wellness reserves the right to suspend, deny, or terminate accounts for inaccurate credentialing information, non-compliance, or suspected unlawful activity.

Provider Information

Provider Full Legal Name	
Practice / Business Name	
NPI Number	
State Medical License Number	
State(s) of Licensure	
DEA Number (if applicable)	

By signing below, I acknowledge that I have read, understand, and agree to the terms and disclaimers contained in this agreement.

Provider Signature	
Printed Name	
Title	
Date	