

## Account Set Up Form

### NEW ACCOUNT INFORMATION

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### TESTING SERVICES & ESTIMATED WEEKLY SAMPLES:

*Infectious Disease Molecular (PCR) : Include Estimate of Weekly Samples*

- Women's Health \_\_\_\_\_
  Respiratory \_\_\_\_\_
  Gastro \_\_\_\_\_
  URO (UTI / STI) \_\_\_\_\_  
 Wound \_\_\_\_\_
  Nail \_\_\_\_\_

*Other (NGS Genetic Testing): Include Estimate of Weekly Samples*

- Cardiovascular \_\_\_\_\_
  Parkinson's Alzheimer's and Dementia \_\_\_\_\_
  Beacon Focus Carrier \_\_\_\_\_  
 Diabetes and Obesity \_\_\_\_\_
  Comprehensive Dental Disorders \_\_\_\_\_  
 Comprehensive Eye Disorders \_\_\_\_\_
  Comprehensive Immunodeficiency \_\_\_\_\_  
 Comprehensive Dermatology \_\_\_\_\_
  New Born Genetics \_\_\_\_\_

### GENERAL CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

### PAYER MIX

Medicare: \_\_\_\_% Medicaid: \_\_\_\_% Cash: \_\_\_\_% Private Insurance: \_\_\_\_%  
 Other: \_\_\_\_% (Please Explain): \_\_\_\_\_

### REPORTING PREFERENCES

Preferred Method:  Fax  Email  Fax and Email  Online Portal  
 Supplies:  Dropbox

### EMR INFORMATION

**Integration Needed:**  Yes  No (this will be considered after 3 months of volume)

EMR: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone# \_\_\_\_\_

Email: \_\_\_\_\_

### SHIPPING INFORMATION:

Pick Up Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday  Will Call

Best Pick Up Time: \_\_\_\_\_

Total Estimated Weekly Samples: \_\_\_\_\_

ASAP Representative: \_\_\_\_\_

### ORDERING PHYSICIAN'S INFORMATION (INCLUDE ANY ADDITIONAL ON BACK)

Physician Name: \_\_\_\_\_

NPI #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

NIP #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

NPI #: \_\_\_\_\_