

# NEW ACCOUNT FORM



Date: \_\_\_\_\_  
Sales Group: \_\_\_\_\_  
Sales Representative: \_\_\_\_\_  
Rep Phone/Email: \_\_\_\_\_  
Projected Start Date: \_\_\_\_\_

Select Preferred Labs Location  
Lafayette  
Houston

Phlebotomist to be hired\*       Collector to be hired\*

\*Please fill out the attached collector/phlebotomist request.

## 1.0 Account Information Practice EIN#:

Account Name	Office Hours	Address	Phone	Fax

## 2.0 Physician Information

Name (M.D., D.O., CRNP)	NPI	Email address

## 3.0 Office Contact Information

Name	Phone	Job Title

## 4.0 Account Preferences

Pick-UP:     Will-Call     Daily     FedEx     Courier / FedEx     Daily, Specific Days: \_\_\_\_\_  
Drop Box Location: \_\_\_\_\_  
Pick-Up Special Instruction: \_\_\_\_\_  
Report Delivery:     Fax     Web Portal     Hard Copy     EMR Integration  
Interface Request:    EMR Name: \_\_\_\_\_    EMR Contact / Phone: \_\_\_\_\_  
Hardware Request:     High Speed Line     Remote Printer     Computer     Label Printer  
Critical/Malignancy Calls:     Critical Clinical Results     Malignancy  
After Hours Phone#: \_\_\_\_\_

## 5.0 Billing Information

Commercial Insurance (%)     Client Bill     Workers Comp     Medicare / Medicaid  
Estimated Monthly Volume: \_\_\_\_\_

## 6.0 Supply Request

Pathology     Genetic Swabs     Clinical     Requisitions (Quantity / Type): \_\_\_\_\_  
 Send Supplies to Acct Representative     Send to Account Attn: \_\_\_\_\_

Physician Name (printd): \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Date Signed:    /    /    **FOR ALL NEW ACCOUNTS, WE MUST RECEIVE CONFIRMATION OF THE DOCTORS SIGNATURE, PLEASE HAVE DOCTOR SIGN OFF AND ACKNOWLEDGE THEIR SIGNATURE ON PRESCRIPTION PAD.**