

NEW ACCOUNT SETUP INFORMATION FORM



Corporate Office
2350 Airport Freeway
Suite 255
Bedford, TX 76022

Laboratory
8465 Merchants Way
Suite 206
Jacksonville FL 32222

Please e-mail completed forms
to: kelli@hdxnow.com

Date Submitted: _____ Live Date: _____

LABORATORY SERVICES REQUESTED: Indicate your testing needs and monthly volume

Urine Toxicology: _____ Oral Toxicology: _____ UTI/STI: _____ PCR/RPP: _____ Blood: _____

Additional testing you will be requesting: _____

SALES/DISTRIBUTORSHIP INFORMATION

Sales Rep: _____ Sales Rep Phone Number: _____
Sales Rep E-mail: _____

CLINIC/PRACTICE DETAILS

Legal Clinic/Practice Name: _____ Clinic Phone: _____
Clinic Specialty: Pain Family Practice OB/Gyn Psych Other Office Contact: _____
Street Address: _____ Contact E-mail: _____
City/State/Zip: _____ Clinic Hours: _____

COLLECTOR / INVENTORY SUPPLY CONTACT

Collector Name: _____ Collector Name: _____
Direct Phone: _____ Direct Phone: _____
Direct E-mail: _____ Direct E-Mail: _____

PROVIDER INFORMATION: List providers who will authorize testing orders

MD PA NP Name: _____ NPI: _____ PECOS: Y ___ N ___
 MD PA NP Name: _____ NPI: _____ PECOS: Y ___ N ___
 MD PA NP Name: _____ NPI: _____ PECOS: Y ___ N ___
 MD PA NP Name: _____ NPI: _____ PECOS: Y ___ N ___

***For additional providers please attach a separate sheet of paper.

REPORTING / LIS ACCESS: Individuals requiring LIS portal access - Reports and Rejection Notifications

Name: _____ Role: _____ E-mail: _____
Name: _____ Role: _____ E-mail: _____
Name: _____ Role: _____ E-mail: _____
Name: _____ Role: _____ E-mail: _____

ACCOUNT COORDINATION DETAILS

*Submit 7-10 days prior to live date: **ACCOUNT SETUP FORM** and **PHYSICIAN SIGNATURE ON FILE FORM**

*Account is verified and set up in the LIS, all approved LIS users are activated and e-mailed a link to set up individual access

*Digital customized requisitions are created and e-mailed with collection and shipping protocol, in preparation for live date

*Initial supply order with approved collection devices and shipping materials will be shipped to the clinic one week prior to live date

*Specimens should be sent via UPS daily: Blood, and other testing if 10 or more specimens have been collected, otherwise M-W-F

***Collectors/Clinics preferring to submit orders electronically will be provided a brief training

PHYSICIAN DIGITAL SIGNATURE ON FILE AUTHORIZATION

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To ensure efficient digital processing, as well as reduction of paperwork for clinical staff and laboratory teams, HDx Labs, LLC requires authorization to store each ordering provider signature(s) within our LIS system to ensure that all digitally submitted forms have a corresponding digital signature from the ordering provider. These signatures are essential for processing electronic forms, digital billing, updating/correction of clinical data submitted in error, updating/correction of testing orders and/or updating/correction of patient demographic details that may have been inadvertently omitted at the clinical level.

A handwritten signature in black ink, appearing to be 'Chris Coker', written over a horizontal line.

Chris Coker
CEO
HDx Labs, LLC

****Please complete and sign below indicating that you authorize HDx Labs to make any verifiable and necessary corrections to submitted testing orders that are required to ensure testing compliance, accuracy of patient information and to optimize billing and reimbursement for the specimen testing conducted.**

Clinic Name:

Today's Date:

Provider Name(Please print):

Provider Name (Please print):

Provider Signature:

Provider Signature:

Provider Name (Please print):

Provider Name(Please print):

Provider Signature:

Provider Signature:

Provider Name (Please print):

Provider Name (Please print):

Provider Signature:

Provider Signature: