



# Account Setup Form

www.DiagnosticSolutionsLab.com   
cs@DiagnosticSolutionsLab.com 

## Practice Information:

ELECTRONIC FORM – PLEASE PRINT IF FILLING OUT MANUALLY!

877.485.5336 

470.239.5017 

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Ordering Clinician(s) Information:

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

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

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

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

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

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

### IMPORTANT

#### Attach Copy of License (Credentials/Scope of Practice)

Due to CLIA rules and regulations, all licensed providers must submit a copy of their license (MD, DO, NP, PA, RDN, or LDN) to set up an account. Unlicensed practitioners must submit their credentials/scope of practice. Please let our customer service know if you would like us to email a physician authorization form.

## How Did You Learn About Diagnostic Solutions Laboratory?

☐ Conference/Seminar ☐ Colleague ☐ Nutraceutical Company ☐ Patient ☐ Other

Please call Customer Service at 877-485-5336 ext.1 if you have any questions or would like to set up your account for clinician billing.

Remember to provide a copies of credentials (License/Scope of Practice).