



Account Set-up Form

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Practice Information

PLEASE PRINT!

Company name: _____

Street: _____

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: _____

Please attach copy of credentials (License/Scope of Practice). Due to CLIA rules and regulations, if not licensed or registered (MD, DO, NP, PA, RDN, LDN) all providers must send in a copy of their scope of practice for us to be able to set up account. Please let our customer service know if you would like us to email a physician authorization form.

Professional Billing

Due to state laws physician billing is not available in NY, NJ and RI. If you would like to set up your account for clinician billing, please include the credit card information below. You may also choose to pay by check. A check for the professional billing price must accompany the specimen(s) when they arrive at the lab.

Card type: Visa MC AmEx

Name on card: _____

CC# _____ Exp: _____ crv# _____

Signature of card holder: _____

By signing this authorization, you are authorizing Diagnostic Solutions Laboratory, LLC to charge this card for testing services as they are submitted.