



## Account Set-up Form

### *Diagnostic Solutions Lab*

Please fax or email completed form to customer services at 470-239-5017 or [cs@diagnosticsolutionslab.com](mailto:cs@diagnosticsolutionslab.com)

#### Practice Information

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: \_\_\_\_\_

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

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

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

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

#### Professional Billing

Physician billing is available. If you would like to set up your account for clinician billing please include the credit card information below. DSL does not offer credit terms. All tests will be billed to the card on file upon completion of testing. You may also chose 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.