

New Account Set Up Form

Please email completed form to: clientservices@combimatrix.com

Account Information

Facility Name _____

Attention _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Country _____ Website _____

Phone _____ Fax* _____

Special Handling Comments (List any special requests or client specific instructions)

Shipping Address

Same as facility address.

Attention _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Country _____

* All reports are automatically faxed to indicated number. To change fax preferences, please indicate so in Special Handling Comments section below. Separate form must be completed for CombiTrak (online reports) set up.

Contact Information

Primary Contact Name _____ Title _____

Phone _____ Email _____

Secondary Contact Name _____ Title _____

Phone _____ Phone _____

Test Information

Specialty

Pregnancy Loss Prenatal Pediatric

Test Volume

_____ CombiSNP _____ Chromes _____ FISH _____ Fragile X

_____ Sendouts Other: _____ Start Date: _____

Physician Information

Physician name _____ NPI Number _____

Physician name _____ NPI Number _____

Billing Information

Payor Mix (Total must be 100%)

Direct Bill Private Insurance

Medicaid Patient Pay

Medicare

Billing address is the same as general



Billing Contact Name _____ Title _____

Phone _____ Email _____

Attention _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____