

PGS New Account Set-Up Form

Please email this completed form to: clientservices@combimatrix.com

Account Information

Facility Name _____

Contact First Name _____ Last Name _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Phone _____ Fax (all reports are automatically faxed to this number) _____

Physician Contacts & NPI Number

Physician Name	NPI Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Shipping Address

Check box if the Shipping Address is the same as the Account Information

First Name _____ Last Name _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Special Handling Requests

List any special requests or client specific instructions in the box below

Billing Information

- Direct Bill Self Pay Patients
- Patient to submit payment with sample
 - CombiMatrix to call patient for payment

Billing address must be provided for Client Bill Accounts

Check box if the Billing Information is the same as the Account Information

Billing Contact: First Name _____ Last Name _____

Title _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Phone _____ Email _____