9111 Cross Park Drive, Ste E-138
Knoxville, Tennessee 37923
Phone: (865) 545-0027
Fax: (865) 474-1037

New Account Information Form

PRACTICE INFORMATION				
Legal Account Name				
Type of Contract w/	☐ POL ☐ SRL Clinical ☐ SRL Toxicology		☐ ☐ SelectWell ☐ Other	
Physical Address				
City/State/Zip				
Phone Number			**Email/Fax**	
Practice Days/Hours Operation				
Projected Start Date				
STAT Services Required?	☐ YES ☐ NO			
After-Hours Critical Values Contact Name			**Phone Number**	
Practice Manager				
Practice Manager Phone			**Email**	
BILLING INFORMATION				
Billing Manager				
Billing Manager Phone			**Email**	
Billing Address				
City/State/Zip				
Type of Billing Requested	☐ **Client Bill** ☐ **Insurance** ☐ **Medicare**		☐ **Medicaid** ☐ **Selfpay**	
Billing mix	**% Medicare:**	**% Medicaid:**	**% Other:**	**% Private Insurance/ Commercial Insurance:**
Client Bill Pricing	**$**			

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PROVIDER INFORMATION	
(*Please list all that apply*) Legal Physicians/ Provider Names and NPI #'s:	
Provider(s) registered in PECOS?	☐ YES ☐ NO

EMPLOYEE INFORMATION	
Current Employee	
Hourly Pay	
Avg hours worked	

TESTING INFORMATION			
Please select all applicable test mixes	☐ Clinical_____		
	☐ Toxicology (Screen and/or Confirmation)_____		
	☐ List any other tests interested in_____		
Requisition Type	☐ Manual/Paper Requisition (*Please see requirements*) ☐ EMR Set Up		
Lab Director/CLIA #	*Please list if applicable* _____		
REPORTING INFORMATION			
List employee names and emails that need website access for reports			
EMR Interface Needed?	☐ YES ☐ NO	EMR Vendor	
EMR Contact		Phone/Email	
COLLECTION AND SHIPPING INFORMATION			
How are samples arriving in the lab?	☐ Courier ☐ FedEx	(if applicable) Client FedEx Account #	
Other Supplies Needed:			

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FOR CLIENT ORDER ENTRY (COE) ACCOUNTS			
COE Contact (for shipping equipment)		**Phone/Email**	
IT Contact (for connecting equipment)		**Phone/Email**	
Batch Printing?	☐ YES ☐ NO	**COE Start Date**	
List employee names and emails that need to be trained on COE system			
POC INTERNAL USE			
POC Sales Contact	*SLP SALES PERSON IS RESPONSIBLE FOR DISTRIBUTING THIS FORM TO THE FOLLOWING PEOPLE BELOW*	**Phone/Email**	

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Laboratory requirements for paper requisitions

1. Client (Office) Name, address, phone number
2. Patient Name, address, phone number
3. Patient DOB
4. Sex
5. Ordering Provider and NPI #
6. ICD-10 Codes
7. Tests ordered (unless physician custom profile established and signed)
8. Copy of insurance card (if we are performing billing)
9. If send out tests ordered/performed please provide testing location
10. Requisition must be signed by provider