

ACCOUNT REGISTRATION FORM



- ☐ NEW ACCOUNT REGISTRATION
- ☐ UPDATE EXISTING ACCOUNT

ESTIMATED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT INFORMATION

Facility Name		Facility Phone	HIPAA Compliant Fax	
Street Address	Apt/Suite #	City	State	Postal Code
Facility NPI #				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIMARY CONTACT INFORMATION

Name	Phone	Email
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ORDERING PHYSICIAN INFORMATION

Ordering Physician Name	Pecos Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ordering Physician NPI #
		<input type="text"/>

ACCOUNT STARTUP SURVEY

Enter Estimated Monthly Volume	PGx: _____	Toxicology: _____	Blood: _____
MOLECULAR			
UTI: _____	Wound: _____	Fungal: _____	Vaginitis: _____
STI: _____	RPP: _____		
NEXT-GEN SEQUENCING			
CGx: _____	Cardio-Pulmonary: _____	Diabetes Predict: _____	Eye Disorder: _____
Neurological Disorder: _____	Thyroid Disease: _____	Primary Immunodeficiency: _____	

PAYOR MIX

Enter Estimated % for Each Carrier	Commercial: _____	Medicaid: _____	Medicare: _____	Cash: _____
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INTERNAL NOTES

OMNIHEALTH ACCOUNT REPRESENTATIVE INFORMATION

OmniHealth Account Representative (Print Name): _____
Email: _____ Phone: _____

PROVIDER ACCEPTANCE OF RESPONSIBILITY



CLIENT INFORMATION

Facility Name		Facility Phone		HIPPA Compliant Fax	
Street Address		Apt/Suite #	City	State	Postal Code

PROVIDER INFORMATION

Provider Name (First and Last)	Credentials <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> OTHER	Provider NPI # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email		Phone

I understand and hereby acknowledge that I will only order tests that I believe to be medically necessary to ensure patient compliance with the therapy that I have prescribed. The Officer of Inspector General (OIG) also takes the position that a provider who orders medically unnecessary tests for which Medicare reimbursement is claimed, may be subject to civil penalties.

Provider Signature	Date
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Provider Signature	Date
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PORTAL LOGIN INFORMATION



CLIENT INFORMATION

Facility Name		Facility Phone	HIPPA Compliant Fax	
Street Address	Apt/Suite #	City	State	Postal Code

FACILITY TO COMPLETE

Name (First and Last)	Select One <input type="checkbox"/> PROVIDER <input type="checkbox"/> STAFF MEMBER
Email	

Name (First and Last)	Select One <input type="checkbox"/> PROVIDER <input type="checkbox"/> STAFF MEMBER
Email	

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Email	

Name (First and Last)	Select One <input type="checkbox"/> PROVIDER <input type="checkbox"/> STAFF MEMBER
Email	



In order to better service our clients and patients by notifying our clients in a timely manner with critical results, OmniHealth Diagnostics would appreciate the following information from the practice or physician.

#### CRITICAL RESULTS CONTACT INFORMATION

Client Name (First and Last)				
Street Address	Apt/Suite #	City	State	Postal Code
Contact Name	Phone Number		Fax Number	
Critical Values if differ from the laboratory:				

- ☐ Please notify me ASAP once there is a critical result at the contact provided above and fax results to the fax number provided.
- ☐ Please notify me the next morning when the practice opens at \_\_\_\_:\_\_\_\_ and fax results
- ☐ For **holidays and weekends** notify me ASAP once there is a critical result at the contact provided above and fax results to the fax number provided.
- ☐ For **holidays and weekends** notify me the next morning when practice opens at \_\_\_\_:\_\_\_\_ and fax results to the fax number provided above.
- ☐ Page answering service and a physician on call will contact the lab.

**Attached is the laboratory critical call list, if the physician or practice wishes to be contacted for test results that differ from the laboratory's, please note those values.**

**\*\*\*Please take into consideration if the critical is requested to be called ASAP the calls maybe made outside of normal business hours.\*\*\***