

ACCOUNT REGISTRATION FORM



NEW ACCOUNT REGISTRATION

UPDATE EXISTING ACCOUNT

ESTIMATED START DATE: _____ / _____ / _____

CLIENT INFORMATION

PRIMARY CONTACT INFORMATION

Name _____ Phone _____ Email _____

ORDERING PHYSICIAN INFORMATION

ACCOUNT STARTUP SURVEY

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

PAYOR MIX

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

INTERNAL NOTES

1. **What is the primary purpose of the proposed legislation?**

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	Provider NPI #
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> OTHER	<input type="checkbox"/>
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

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	
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	
Name (First and Last)	Select One
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Name (First and Last)	Select One
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Email	
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	
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.*****