ACCOUNT REGISTRATION FORM

OMNIHEALTH
DIAGNOSTICS

In partnership with
Cizzle Bio

☐ NEW ACCOUNT REGISTRATION   ☐ UPDATE EXISTING ACCOUNT

EST. START DATE:

CLIENT INFORMATION

Facility Name	Facility Phone	HIPPA Compliant Fax	Facility NPI #
			☐☐☐☐☐☐☐☐☐☐

Street Address	Apt/Suite #	City	State	Postal Code

PRIMARY CONTACT INFORMATION

Name	Phone	Email

ORDERING PHYSICIAN INFORMATION

Ordering Physician Name	Pecos Enrolled?	Ordering Physician NPI #
	☐ Yes ☐ No	☐☐☐☐☐☐☐☐☐☐

ACCOUNT STARTUP SURVEY

Enter Estimated Monthly Volume: CIZ1B LUNG CANCER: _____   DEX-G2 GASTRIC CANCER: _____

PROVIDER ACCEPTANCE OF RESPONSIBILITY

PROVIDER INFORMATION

Provider Name (First and Last)	Credentials	Provider NPI #
	☐ MD ☐ DO ☐ PA ☐ ARNP ☐ OTHER	☐☐☐☐☐☐☐☐☐☐

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 unecessary tests for which Medicare reimbursement is claimed, may be subject to civil penalties.

Provider Signature	Date

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Provider Name (First and Last)	Credentials	Provider NPI #
	☐ MD ☐ DO ☐ PA ☐ ARNP ☐ OTHER	☐☐☐☐☐☐☐☐☐☐

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Provider Signature	Date

COMPLETE FORM AND EMAIL TO CUSTOMERSERVICE@OMNIHEALTHDX.COM

1840 N Greenville Ave Ste 176, Richardson, TX 75081 | Phone 972-887-3444 | Fax 972-887-3443 | www.OmniHealthDX.com

PORTAL LOGIN INFORMATION

OMNIHEALTH
DIAGNOSTICS

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Cizzle Bio

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
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email

Name (First and Last)   Select One
☐ **PROVIDER**   ☐ **STAFF MEMBER**

Email