



New Account Enrollment Form

Date: _____

Rep: _____

Practice Information:		Clinic ID # <input style="width: 100px;" type="text"/>	
Practice Name:	Phone:		
Point of Contact:	Primary Fax:		
Address:	Secondary Fax:		
City, State, Zip:	Email:		
Practice Type: <input type="checkbox"/> ALF <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Physician Practice <input type="checkbox"/> SNF <input type="checkbox"/> Other: _____			
Patient Financial Responsibility Notification:			
<input type="checkbox"/> Permission to contact Patient <input type="checkbox"/> Contact Practice <input type="checkbox"/> Both			
Report Notification:			
<input checked="" type="checkbox"/> Secure Web Portal (Mandatory) <input type="checkbox"/> HIPAA Compliant Fax* <input type="checkbox"/> Both			
Test Kits:			
Infectious Diseases			
<input type="checkbox"/> COVID19 <input type="checkbox"/> Urinary <i>InSITE</i> <input type="checkbox"/> Womens <i>InSITE</i> <input type="checkbox"/> STI <i>InSITE</i> <input type="checkbox"/> Respiratory <i>InSITE</i> <input type="checkbox"/> Wound <i>InSITE</i> <input type="checkbox"/> Nail <i>InSITE</i> <input type="checkbox"/> Pharmacogenomic (PGx)			
Additional Notes & Requests:			

Physician Acknowledgment & Authorization:
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Please complete the following:

Last Name	First Name	Title	NPI	PECOS #	Email	Date

Please complete the following for additional portal login credentials:

Last Name	First Name	Title	Email	Date

Unique email must be provided for portal access

*HIPPA compliant fax will not be provided until verification has been made that providers and staff have logged into the mandatory secure web portal.

If you need assistance locating your NPI number please use the website: <https://npiregistry.cms.hhs.gov/>
 If you need assistance locating your PECOS number please use the website: <https://opedge.com/Pecos>