



## CLINICAL SALES ACCOUNT UPDATE FORM

### \* ACCOUNT INFORMATION

\* PRACTICE NAME: \_\_\_\_\_

\* PRACTICE TYPE: \_\_\_\_\_

\*  New \*  New

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\*  New

STREET ADDRESS: \_\_\_\_\_

\* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP CODE: \_\_\_\_\_

### \* UPDATED ACCOUNT CONTACT INFORMATION

New  Update  Remove  
▲ CRITICAL VALUE CONTACT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

New  Update  Remove  
PRIMARY CONTACT

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

New  Update  Remove  
ALTERNATE CONTACT 1

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

New  Update  Remove  
ALTERNATE CONTACT 2

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

New  Update  Remove  
ALTERNATE CONTACT 3

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### ADDITIONAL COMMENTS

### AGREEMENT DETAILS

**1)** I hereby request and authorize Southwest Labs to process specimens from my practice. I further acknowledge and understand the following: **2)** I understand that I have the choice to order any or all Southwest Labs laboratory tests individually at any time. **3)** I agree to order testing only when I have determined that each individual test requested, regardless of whether it is ordered individually or as part of a panel, is medically necessary for that specific patient, as I have documented in that specific patient's chart. **4)** I agree to provide diagnosis codes, defined to the highest level of specificity, for each test that I order to confirm medical necessity and to enable Southwest Labs to bill effectively on my patient's behalf. **5)** I may only order those tests that I believe to be medically necessary for each individual patient. **6)** Regarding toxicology testing, I understand that, according to Medicare, "Confirmation of drug screens is indicated when the result of the drug screen is different than that suggested by the patient's medical history, clinical presentation, or patient's own statement." **7)** I understand that the Office of Inspector General (OIG) has cautioned "Using a customized profile may result in the ordering of tests which are not covered, reasonable or necessary" and that "Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office of Inspector General takes the position that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act." **8)** I am aware that the Southwest Labs has available a technical director to assist me, if I request, to ensure that appropriate tests are ordered. **9)** All paper requisitions and electronic orders will bear my signature, either in ink or in electronic format. I will provide an electronic signature to Southwest Labs and authorize their use of such for my lab orders. **10)** I understand that Southwest Labs does not offer provider-specific custom profiles and that this choice is a method of promoting individualized medical decision making for patients. **11)** I understand that signing this document authorizes ordering through Southwest Lab's online provider portal.

### PROVIDERS

<p>* NAME: _____</p> <p>* NPI: _____</p> <p>* SIGNATURE: _____</p>	<p>NAME: _____</p> <p>NPI: _____</p> <p>SIGNATURE: _____</p>	<p>NAME: _____</p> <p>NPI: _____</p> <p>SIGNATURE: _____</p>
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