



CLINICAL SALES NEW ACCOUNT FORM

ACCOUNT INFORMATION

* ACCOUNT NAME: _____

* PRACTICE TYPE: _____

* PHONE: _____ FAX: _____

* STREET ADDRESS: _____

* CITY: _____ * STATE: _____ * ZIP CODE: _____

*** ORDERING METHOD**

Web Portal

Paper Requisition Form

*** REPORT DELIVERY METHOD**

Web Portal

Fax Number

Email (Primary Contact)

SPECIMEN TYPE

Oral Fluid Urine Molecular COVID-19

ACCOUNT CONTACT INFORMATION

▲ CRITICAL VALUE CONTACT * NAME: _____ * PHONE: _____ * EMAIL: _____

PRIMARY CONTACT * NAME: _____ * TITLE: _____ * EMAIL: _____

ALTERNATE CONTACT 1 NAME: _____ TITLE: _____ EMAIL: _____

ALTERNATE CONTACT 2 NAME: _____ TITLE: _____ EMAIL: _____

ALTERNATE CONTACT 3 NAME: _____ TITLE: _____ EMAIL: _____

SCHEDULED PICKUP

<input type="checkbox"/> MONDAY _____ AM _____ PM	<input type="checkbox"/> TUESDAY _____ AM _____ PM	<input type="checkbox"/> WEDNESDAY _____ AM _____ PM	<input type="checkbox"/> THURSDAY _____ AM _____ PM	<input type="checkbox"/> FRIDAY _____ AM _____ PM
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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

* NAME: _____	NAME: _____	NAME: _____
* NPI: _____	NPI: _____	NPI: _____
* SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____