



## SOUTHWEST LABS NEW ACCOUNT FORM

### 1 ACCOUNT INFORMATION

ACCOUNT NAME: \_\_\_\_\_

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

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

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

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

### 2 ORDERING METHOD

☐ EMR: \_\_\_\_\_

☐ Web Portal

### 3 REPORT DELIVERY METHOD

☐ Web Portal ☐ Email ☐ Fax ☐ EMR

### 4 SPECIMEN TYPE

☐ Molecular ☐ Blood ☐ Toxicology ☐ Performing & Billing  
In-office Screen Testing

REP NAME \_\_\_\_\_

### 5 ACCOUNT CONTACT INFORMATION

#### PRIMARY CONTACT

NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### ALTERNATE CONTACT 1

NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### ▲ CRITICAL VALUE CONTACT

NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Dr. Ruben Smith / Medical Director (###) ###-#### drsmith@gmail.com

### 6 PAYOR MIX

☐ Medicare % ☐ Medicaid % ☐ Commercial %

☐ PHP % ☐ BCBS % ☐ ETNA % ☐ MOLINA % ☐ UNI % ☐ Other %

### 7 ADDITIONAL COMMENTS

### 8 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 an insurance company on behalf of my patients. 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 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. 11) I understand that by signing this document, I am authorizing orders to be placed through Southwest Lab's online provider portal. 12) I hereby give my explicit consent for the disclosure and transfer of my treatment notes to Southwest Labs in instances where third-party payers, including insurance companies and health plans, require such documents for the purpose of processing and adjudicating claims related to my patient's healthcare services.

### 9 PROVIDER INFORMATION

NAME: \_\_\_\_\_ NPI: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_