SCIENCE | DATA | INNOVATION

Client Profile Form

Our account specialists will verify the paperwork completed in its entirety. This includes:

- New Account Form (signature of physician, required)
- Authorization for Electronic Signature (signature required for use of electronic ordering, required)
- Discontinuing Lab Services Policy (signature required from both physician and sales rep, required)

After receiving and verifying Client Profile Form for completion, Client will be scheduled for the following:

- Acknowledgement that the new account setup form has been received.
- Confirm that the information provided is accurate (including but not limited to: address, phone number, fax number, and physician information).
- Verify types of testing that will be performed.
- Verify the EXPECTED monthly sample volume.
- Verify patient payer mix.
- Setup client portal for order placement, result receiving and ordering supplies.
- Schedule a training for collection and requisition completion, if desired.

Portal and training can be done within 24 hours of the above steps completed if requested for urgent requests.

Please Note:

- Order received lacking doctor and clinic information on the requisition are subject to being put on hold or rejected.

Please sign and date below to acknowledge you have received and accept these policies.

Print Name: Signature: _____

Date:_____

CLIENT INFORMATION

Name of Business	
Address	

Phone		**Fax**	
Office Hours			

#	PROVIDER/PHYSICIAN INFORMATION	
	Provider Name	**NPI**

BUSINESS POINT OF CONTACT

Name	Phone	Position

Service Preferences

Specimens Pickup: ☐ **Will Call** ☐ **Daily Pickups** ☐ **UPS (Shipping)** ☐ **Days, Specify:** _____

☐ **Dropbox, Specify Location:** _____

Special Request: _____

INSURANCE INFORMATION/BILLING

☐ **Medicare, %_____** ☐ **Medi-CAL, %_____** ☐ **Commercial, %_____** ☐ **Other, %_____** ☐ **Client Bill**

PROVIDER SIGNATURE

Printed Physician Name: _____

Signature: _____

Date: _____

Ordering Provider Signature is Required for authorization of services performed

ELECTRONIC SIGNATURES AUTHORIZATION

Provider Signature: _____ Date: _____/_____/_____

Provider Name (PRINTED): _____ Date: _____/_____/_____

SDI Labs Inc request to have your signature on file in our Laboratory Information System (LIS), ensures that your electronic orders are verified with your full intent and knowledge. By having your signature on file, you will be able to maintain your patient's records and electronically sign your clinical orders where applicable. This is to confirm that your signature will be encrypted and will be used only for the sole purpose of ordering diagnostic test on your patients, in compliance with HIPPA standards. Should you choose to remove your signature at any time, for halt of services or any other reason to be set forth, please notify us for removal.

DISCONTINUATION OF SERVICES

SDI Labs Inc reserves the right to discontinue services to any account at any time, for any reason. The following will take place:

1. We will contact the account (the account point of contact and the clinic) to notify discontinuation of services. A grace period of 7 Business days will be given to allow for seamless switch over to another laboratory service provider.

2. If, on the 7th business day, we are still receiving samples, account will be contacted advising them of the last day of service.

3. Samples received after the end of the grace period will be at risk of being rejected.

Please sign and date below to acknowledge your receipt and comprehension of this policy.

Physician Signature: _____ Date: _____/_____/_____ Physician Name: _____

Sales Rep Signature: _____ Date: _____/_____/_____

Sales Rep Name: _____