P23 LABS NEW ACCOUNT SETUP FORM-DISTRIBUTION

ACCOUNT INFORMATION

FIELD SERVICE REPRESENTATIVE NAME

FIELD SERVICE REPRESENTATIVE SIGNATURE

DATE COMPLETED

ANTICIPATED START DATE

ANTICIPATED MONTHLY VOLUME:

☐ MOLECULAR	☐ PSYCHIATRY	☐ PCR/COVID-19	☐ PGX
☐ URINE ☐ ORAL ☐ BOTH ☐ POCT ☐ NONPOCT ☐ BOTH	☐ URINE ☐ ORAL ☐ BLOOD ☐ PGX	☐ CLIENT WILL BE UTILIZING E-REQUISITION	NAME AND BEST PHONE NUMBER FOR CONTACT AT CLIENT FOR MEDICAL RECORDS, AND SUPPORTING DOCUMENTATION FOR PRIOR AUTHORIZATION:
☐ CLIENT USES A URINE CHEMISTRY ANALYZER FOR PRESUMPTIVE SCREENING ☐ CLIENT USES A _____ PANEL CLIA WAIVED DEVICE	☐ CLIENT WILL BE UTILIZING E-REQUISITION DOES CLIENT HAVE CENTRIFUGE? ☐ Y ☐ N DOES CLIENT HAVE A PHLEBOTOMIST? ☐ Y ☐ N DOES CLIENT HAVE A BLOOD CHEMISTRY ANALYZER? ☐ Y ☐ N	DOES CLIENT HAVE CENTRIFUGE? ☐ Y ☐ N DOES CLIENT HAVE A PHLEBOTOMIST? ☐ Y ☐ N DOES CLIENT HAVE BLOOD ☐ Y ☐ N	NAME DIRECT LINE
☐ CLIENT WILL BE UTILIZING E-REQUISITION			

PRACTICE/FACILITY NAME

MAIN CONTACT NAME

ADDRESS

MAIN CONTACT EMAIL

CITY

CONTACT FOR TEST ORDER QUESTIONS

STATE

ZIP CODE

CONTACT FOR TEST ORDER QUESTIONS E-MAIL

PHONE NUMBER

FAX NUMBER

ADDITIONAL CONTACTS

AFTER HOURS/BACK LINE PHONE

HOURS OF OPERATION

ADDITIONAL CONTACTS E-MAIL

PROVIDER INFORMATION (PLEASE ATTACH ADDITIONAL SHEET IF NEEDED) IF CLIENT BILL ACCOUNT, PLEASE LEAVE BLANK

PROVIDER NAME	DEGREE	EMAIL	NPI NUMBER	STATE LICENSE NUMBER

RESULT DELIVERY OPTIONS

☐ FAX
☐ WEB REPORTING

FAX OPTIONS (CHOOSE ONE)

☐ MULTIPLE REPORTS PER FAX
☐ SINGLE REPORT PER FAX

PREFERRED TIME TO RECEIVE FAX REPORTS: _____

REPORTING OPTIONS: ☐ STANDARD ☐ GRAPHING

OTHER LOCATIONS LINKED TO THIS ACCOUNT: _____

PICK UP INFORMATION

START DATE

DAILY PICKUP (UPS PREFERRED): __ TIME BLOCK

☐ Local Account (Courier)

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ACCOUNT DEMOGRAPHICS

OFFICE BASED ACCOUNT SPECIALTY:

- ☐ CHILD/ADOLESCENT PSYCH
- ☐ ADDICTION PSYCHIATRY
- ☐ FP/IM
- ☐ NEUROLOGY
- ☐ OB/GYN
- ☐ ORTHOPEDIC
- ☐ PAIN-INTERVENTIONAL
- ☐ PAIN-OTHER
- ☐ PODIATRY
- ☐ PSYCHIATRY
- ☐ NURSING HOME
- ☐ RHEUMATOLOGY
- ☐ PM&R
- ☐ SUBOXONE
- ☐ UROLOGY
- ☐ ONCOLOGY
- ☐ ENDOCRINOLOGY
- ☐ CARDIOLOGY
- ☐ GASTROENTEROLOGY
- ☐ INFECTIOUS DISEASE
- ☐ NEUROLOGY
- ☐ OTHER: _____

FACILITY ACCOUNT SPECIALTY:

- ☐ IOP
- ☐ SOBER LIVING/HALFWAY
- ☐ IN-PATIENT
- ☐ PHP
- ☐ OTHER: _____

REFERENCE LAB/ NON-CLINICAL ACCOUNTS:

- ☐ HOSPITAL
- ☐ TOXICOLOGY LABORATORY
- ☐ CLINICAL LABORATORY
- ☐ PHYSICIAN OWNED LABORATORY
- ☐ PHARMACY GROUP
- ☐ OTHER: _____

MANAGED CARE

☐ IS THE CASH % OF THIS ACCOUNT ABOVE 15%

- ☐ AUTO/PIP_____%
- ☐ AETNA _____%
- ☐ CIGNA_____%
- ☐ BCBS_____%
- ☐ MEDICARE _____%
- ☐ MEDICARE ADVANTAGE _____%
- ☐ MEDICAID _____%
- ☐ MEDICAID MCO_____%
- ☐ UNITED_____%
- ☐ TRICARE_____%
- ☐ WORK COMP_____%
- ☐ OTHER:_____%

NOTES

LAB USE ONLY

ACCOUNT NUMBER | MNEMONIC | FACILITY NUMBER(S)

ONLINE REPORTING ACCESS

REMOTE ID | USERNAME | PASSWORD

☐ EXCLUSIONARY DATABASE ☐ PECOS ☐ STATE LICENSE ☐ ADDRESS CONFIRMATION ☐ ACCOUNT ENTERED AND DATE: _____

CLIENT SERVICE REPRESENTATIVE | CLIENT SERVICE REPRESENTATIVE SIGNATURE

ACCOUNT APPROVAL

CEO | CFO/QA COMPLIANCE

PLEASE SCAN and/or Email form to accounts@p23labs.com

CLINICAL LABORATORIES **FIELD BASED LABORATORY PERSONNEL REQUEST (VALIDATION)**

CLIENT DEMOGRAPHICS INFORMATION		
DOES THE CLIENT CURRENTLY HAVE A COLLECTOR/PHLEBOTOMIST FROM ANOTHER LABORATORY OR HAVE A REFERRAL FOR THIS POSITION? ☐ YES ☐ NO	WHICH LABORATORY (if applicable)? ☐_____ ☐ N/A	WHAT IS THE COLLECTOR /PHLEBOTOMIST'S CURRENT HOURLY RATE? $_____ ☐ N/A
HOW LONG HAS THE COLLECTOR/PHLEBOTOMIST WORKED IN THE OFFICE? ☐ N/A	IS/WAS THE COLLECTOR/PHLEBOTOMIST EMPLOYED DIRECTLY BY THE PRACTICE? ☐ YES ☐ NO ☐ N/A	
IS/WAS THE COLLECTOR/PHLEBOTOMIST A PATIENT OF THE PRACTICE? ☐ YES ☐ NO ☐ N/A	IS THE COLLECTOR/PHLEBOTOMIST AN IMMEDIATE RELATIVE OF ANYONE IN THE PRACTICE? ☐ YES ☐ NO ☐ N/A	
ANTICIPATED START DATE:	PROPOSED DAYS/HOURS:	

REVIEW OF CLINICAL LABORATORIES POLICY ON FIELD BASED LABORATORY PERSONNEL

SALES ATTESTATION:

☐ I/we understand, and have educated the client on, Clinical Laboratories policies on Field Based Laboratory Personnel that includes but is not limited to:

- FBLP are not "offered" as an inducement to attain business;
- FBLP will have limited duties (packaging and reviewing paperwork) in accounts that are performing presumptive screening for drugs of abuse testing (examples: no reading or recording of POCT results, no transcription of diagnosis codes, no marking or transcribing testing orders, cannot operate or facilitate the operation of a chemistry analyzer);
- FBLP may cover multiple offices within a region and may have additional duties assigned to them, for the benefit of the lab, including the collection of missing information;
- FBLP are contracted with an agency retained by Clinical Laboratories and will not take direction from, nor provide services that are the client's responsibility (for example, answering phones, rooming patients, filing, etc.);
- FBLP are ultimately overseen and directed by the Compliance Department; they are not part of the sales department or function;
- FBLP are monitored by the Compliance Department which will conduct announced and unannounced visits to the client's office.

_____ _____
REGIONAL DIRECTOR SIGNATURE DATE

_____ _____
TERRITORY MANAGER SIGNATURE DATE

COMPLIANCE ONLY

_____ ☐ APPROVED ☐ DENIED _____
COMPLIANCE SIGNATURE DATE