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 clientservices@infiniteallergylabs.com
 1-833-FOOD ALLERGY

New Account

Account Information

CLINIC NAME:		
ADDRESS 1:	FLAT, SUITE, BUILDING, FLOOR: (Specify when applicable)	
CITY:	STATE:	ZIPCODE:
PHONE:	FAX:	EMAIL:

Shipping Address for Kits:

Does the account address remain same for shipping kits? Yes No (if vary pls specify below) [How you heard about us?](#)

ADDRESS 1: (For shipping kits)	FLAT, SUITE, BUILDING, FLOOR: (Specify when applicable)	
CITY:	STATE:	ZIPCODE:

Office Contact Information

CONTACT NAME:	CONTACT TITLE:	
PHONE:	FAX:	EMAIL:
ESTIMATED MONTHLY KIT VOLUME:		

Physician Signature Record

PLEASE INCLUDE ALL PROVIDERS WHO ARE AUTHORIZED TO ORDER LAB TESTING. By signing, I voluntarily consent to on-board with Infinite Allergy Labs as a client for ordering Infinite Allergy tests.

LAST NAME, FIRST NAME	NPI#	TITLE	SIGNATURE	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any practitioners in your office PECOS registered? Yes No **In order for Infinite Allergy Labs to bill Medicare on the patient's behalf, the prescribing doctor MUST be PECOS registered.**

Are providers authorized and licensed to order lab testing cross state? Yes No Would you prefer to receive updates and special emails? Yes No

Billing Information

BILLING TYPE: INSURANCE CLINIC PATIENT

CREDIT CARD INFORMATION

NAME ON CREDIT CARD:	
CARD TYPE:	
CARD NUMBER:	
EXPIRATION DATE:	SECURITY CODE:

Reporting Preferences

REPORTING METHOD WEB PORTAL (PORTAL SITE: [HTTPS://INFINITELABSPORTAL.WAVEFRONTSOFTWARE.COM](https://infinitelabsportal.wavefrontsoftware.com))

CHOOSE 6 LETTER/NUMBER COMBINATION (NOT CASE SENSITIVE)

DESIRED USERNAME:	DESIRED PASSWORD:
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Shipping Information

DAILY PICKUP NEEDED: YES NO

PICKUP TIME NEEDED:	LOCATION OF PICKUP:	
SALES REP:	SALES REP EMAIL:	DATE:

Infinite Allergy Labs is pleased to accept commercial insurances that offer Out-of-network (OON) benefits, provided the remaining OON deductible is \$3000 or less. We also accept Medicare Part B and Medicaid Georgia for tests prescribed by a PECOS-enrolled practitioner. However, we regret to inform you that we are unable to accept HMOs or insurance policies that have no available OON benefits.

For patient eligibility verification, please reach out via email to eligibility@infiniteallergylabs.com. We are here to assist you.