



MSS CLINICAL

NEW ACCOUNT REGISTRATION FORM

901 Northpoint Pkwy, Ste 120
West Palm Beach, FL 33407
www.mssclinical.com
Phone: (561) 569-2345
Fax: (561) 660-9145
newaccounts@mssclinical.com

Account Rep Name: _____ Account Rep Email: _____

Today's Date: _____ In-service Date: _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____ Website: _____

Phone Number: _____ Fax Number: _____

Office Contact Name: _____ Office Contact Phone: _____

Office Contact Email: _____ Practice Specialty: _____

Office Hours: _____ Practice EMR/EHR: _____

After Hours Contact for Critical Samples: _____ Phone: _____ Fax: _____

Report Delivery Options: Portal Email Fax

Pick-Up Method: FedEx Courier Days Needed: Mon Tues Wed Thurs Fri

Number of Samples Per Day: _____ Insurance Mix %: _____ Medicare _____ HMO _____ PPO

Provider Information (Include Nurse Practitioners and Physician Assistants):

NPI# _____ Physician Name: _____ Phone: _____ Email: _____

NPI# _____ Physician Name: _____ Phone: _____ Email: _____

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NPI# _____ Physician Name: _____ Phone: _____ Email: _____

NPI# _____ Physician Name: _____ Phone: _____ Email: _____

NPI# _____ Physician Name: _____ Phone: _____ Email: _____

NPI# _____ Physician Name: _____ Phone: _____ Email: _____

NPI# _____ Physician Name: _____ Phone: _____ Email: _____

Send new account form to newaccounts@mssclinical.com when completed for onboarding.

Sales Rep Notes: _____

Representative Signature: _____