



Nationwide Testing Services

A division of
DABCI Marketing Services
800-264-5233
Fax 775-878-0020

Membership Application

Office Name _____

Contact Name _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Invoices _____ Results _____

Will you draw blood in your office? _____ Which labs/Kits _____

Do you have a centrifuge? _____ Number of blood draws per week _____

A credit card number must be on file in order to participate in the discounted rates that Pinc provides. Please complete the information below in order to utilize Pinc discounted laboratory pricing. We recommend that you charge your patients for the testing at the time it is ordered. Pinc will charge your card as the labs send us updates.

Provider Names and NPI Numbers - Labs may request copies of licenses

If you have a medical director it may be necessary to have their info too.

Billing Name _____

BillingAddress _____

City _____ State _____ Zip _____

Card number* _____ Exp. Date _____ Code _____

*You may call the office with billing information if you prefer not to fax or email your cc info.