

PROVIDER AUTHORIZATION FORM



ACCOUNT INFORMATION PLEASE PRINT

NAME PHONE FAX

STREET ADDRESS CITY STATE ZIP CODE

HEALTHCARE PROVIDER IDENTIFICATION

PRINT FULL NAME PHONE

EMAIL PHONE (*TEXT AUTHORIZED)

NPI NUMBER LICENSE # AND STATE

SIGNATURE

Please sign within
the boundary of the box
in blue ink. Electronic
signature NOT accepted

X

The undersigned hereby authorizes and instructs Mokan Labs, LLC to create an account for the above location(s) and to process samples sent to Mokan Labs, LLC laboratory for testing. The undersigned agrees to provide to Mokan Labs, LLC the name, NPI Number, License Number and State of each applicable license for each medical provider authorized to submit orders in connection with this account. The undersigned agrees to make testing preferences clear on the laboratory services requisition form for each individual order. The undersigned authorizes Mokan Labs, LLC to capture and rely upon electronic signatures to place individual orders requested by the undersigned via Mokan Labs, LLC's ordering portal software system. The undersigned agrees to authorization of a Provider delegate to electronically sign orders on their behalf. By placing an order with Mokan Labs, LLC, the undersigned agrees to abide by and be bound by Mokan Labs, LLC's standard terms and conditions of service.

Mokan Labs
14215 Metcalf Avenue
Overland Park, KS 66223

Phone: 913-624-9005
www.mokanlabs.com

MOKAN LAB REPRESENTATIVE

DATE: