

**ACCOUNT SET-UP & VERIFICATION****Genex Laboratories***(Please make sure to fill in information where there is a \*)*

**Today's Date:** \_\_\_\_\_ \*      **Begin Date:** \_\_\_\_\_ \*  
**Client Name:** \_\_\_\_\_ \*  
**Address:** \_\_\_\_\_ \*  
**Phone#:** \_\_\_\_\_ \*      **Fax#:** \_\_\_\_\_ \*  
**Email:** \_\_\_\_\_ \*

**Abnormal/Critical Results**

**Contact:** \_\_\_\_\_ \*      **Phone:** \_\_\_\_\_ \*  
**After Hours:** \_\_\_\_\_ \*      **Phone:** \_\_\_\_\_ \*

**Billing Information**

**Physician (1):** \_\_\_\_\_ \*      **NPI#:** \_\_\_\_\_ \*  
**Physician (2):** \_\_\_\_\_      **NPI#:** \_\_\_\_\_  
**Physician (3):** \_\_\_\_\_      **NPI#:** \_\_\_\_\_  
**Physician (4):** \_\_\_\_\_      **NPI#:** \_\_\_\_\_  
**Medicare#:** \_\_\_\_\_      **Verified by:** \_\_\_\_\_  
**License#:** \_\_\_\_\_      **Verified by:** \_\_\_\_\_  
**UPIN #:** \_\_\_\_\_      **Verified by:** \_\_\_\_\_  
**Medical#:** \_\_\_\_\_      **Verified by:** \_\_\_\_\_  
**FBP or DBA:** \_\_\_\_\_      **City:** \_\_\_\_\_      **Expires:** \_\_\_\_\_  
**Business IIC#:** \_\_\_\_\_      **City:** \_\_\_\_\_      **Expires:** \_\_\_\_\_  
Fictitious Business Permit or DBA on file with California Medical Board

**Required Pick-ups \***

CLOSED AT

**Mon** \_\_\_ AT \_\_\_ M \_\_\_ M  
**Tue** \_\_\_ AT \_\_\_ M \_\_\_ M  
**Wed** \_\_\_ AT \_\_\_ M \_\_\_ M  
**Thu** \_\_\_ AT \_\_\_ M \_\_\_ M  
**Fri** \_\_\_ AT \_\_\_ M \_\_\_ M  
**Sat** \_\_\_ AT \_\_\_ M \_\_\_ M  
**Sun** \_\_\_ AT \_\_\_ M \_\_\_ M

**LOCK BOXES REQUIRED?** ( ) Yes ( ) No      **Number:** \_\_\_\_\_

**Notes/comments:**

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**Signed by:** \_\_\_\_\_ \*      **Date:** \_\_\_\_\_ \*