

**ACCOUNT SET-UP FORM**

Please Fax To: 561-569-2902



**PRESTIGE LABORATORIES  
OF FLORIDA LLC**

Account Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Practice Manager: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web Site: \_\_\_\_\_

Billing Address: (if different) \_\_\_\_\_

How many different office locations do you have? \_\_\_\_\_

Please provide a list of all addresses and phone numbers.

After hours Panic Values Calls, contact information: \_\_\_\_\_

Sample Pick-up Time Preference: \_\_\_\_\_ Do you have weekend hours? \_\_\_\_\_

Billing Preference: Client Bill \_\_\_\_\_ Direct Bill \_\_\_\_\_ Third Party \_\_\_\_\_

Vendor - Practice Management System \_\_\_\_\_ Contact: \_\_\_\_\_

Vendor - Electronic Medical Records \_\_\_\_\_ Contact: \_\_\_\_\_

Vendor - Laboratory Information System \_\_\_\_\_ Contact: \_\_\_\_\_

Current reference lab \_\_\_\_\_

Does your reference lab provide a Phlebotomist? \_\_\_\_\_

Does your reference lab do your Cytology and Histology? \_\_\_\_\_

Do you currently order lab tests via a computer terminal? \_\_\_\_\_

Do you have an Interface with a reference lab? [ ] Yes [ ] NO If yes what kind? \_\_\_\_\_

Do you have special prices on any testing? [ ] Yes [ ] NO Please provide current prices.

How many requisitions do you submit per week to your current laboratory? \_\_\_\_\_

What percent of your patients are billed directly by your current laboratory? \_\_\_\_\_

Physicians/Provider Name NPI # Email Address Cell Phone #

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.