

Application for Account Number

Instructions: Please provide complete information in each section (I-VIII). Please return the completed form to: The Department of Pathology. Attn: Danyelle Parrish. Phone: (667) 208-8175/Fax (410) 234-9613. **Please print**

Section I. FACILITY NAME

Est. Start Date: _____

Section II. Account holder information: (Ordering physician). Please use complete address

Name: _____ **MD NPI #:** _____
Address: _____ **Phone:** _____
_____ **Pager:** _____
Facility Outside: _____ **Fax:** _____

Section III. Sample Information: ___ Human ___ Non-Human (specify) _____

___ CSF ___ Urine ___ Blood ___ Other (specify) _____ ?

Section IV. Test Required: Use additional paper if needed.

Soft ID Code	Test Name	Charge Quoted price

Section V. Report Panic Values to: (will show as the pager # on requisition) **Phone/**
Contact Person: _____ **Pager:** _____

Section VI. Results: Do you want results faxed? Yes / No

Fax #: _____
***A Fax Verification form will be faxed**

Section VII. Billing Statements: Mail to the following address:

Name: _____ **Email:** _____
Address: _____ **Phone:** _____

Section VIII. Approval signatures:

A. Account holder: _____ **Date:** _____

B. JHH Pathology Administration: _____ **Date:** _____

OFFICE USE ONLY

Ward SU: _____ **AR SU:** _____ **CAM SU:** _____ **Autofax:** Y N **Inst:** _____
Fax Verification Form: Y N **Paper Format:** _____ **Depot:** _____ **Legal File#** _____
Legal Contract Fully Executed (if applicable): _____ **Patient Service Center(s):** _____
