

Application for Account Number

Instructions: Please provide complete information in each section (I-VIII). Please return the completed form to The Johns Hopkins Hospital, Department of Pathology, Carnegie 423, 600 N. Wolfe St., Baltimore, MD 21287 Attn: Danyelle Parrish. Phone: (410) 502-4360/Fax (410) 955-0394. **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:** _____

Facility Outside: _____ **Pager:** _____
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

Loc File: _____ **Client SU:** _____ **Client EFS:** _____ **Autofax:** Y N
Fax Verification Form: Y N **Inst:** _____ **Paper Format:** _____ **Depot:** _____
Legal Contract Fully Executed (if applicable): _____ **Patient Service Center(s):** _____
Acct Clsd: _____ **Reason:** _____
