



# REGIONAL PATHOLOGY SERVICES NEW CLIENT FORM

## CLIENT INFORMATION

Date:		Public Health Account: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Name:		Multiple Locations: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone:	Fax:	Other:	
Physical Address:			
City:	State:	ZIP Code:	
Mailing Address:			
Web Address:		Hours of Operation:	
Providers (MD, PA, APRN) in Practice (include NPI#'s):			
Practice/Clinic Type:		Specimen Types: <input type="checkbox"/> CLINICAL <input type="checkbox"/> ANATOMIC	

## CONTACT INFORMATION

Primary Contact Name:		
Title:		
Phone:	E-mail:	Fax:
E-mail for communicating important Testing Updates:		

## BILLING

<input type="checkbox"/> Client Billing <input type="checkbox"/> Patient Billing Other (Please specify): _____		
Billing Contact Name:		
E-Mail:		
Address to send Invoices (if Client Bill):		Phone:
City:	State:	ZIP Code:
Specific Billing Instructions:		

## LAB RESULTS TRANSMISSION

<input type="checkbox"/> Fax Results	Fax Number:	IT Contact Name and Phone:
<input type="checkbox"/> Immediate <input type="checkbox"/> Timed Days: M T W Th F Sa Su Times: _____		
<input type="checkbox"/> Would like to view results on-line <input type="checkbox"/> Would like to Interface Current EMR: _____		
Specific Resulting Instructions:		

## COURIER

Please specify Days and times of Specimen Pick-up needed:	
Days:	Time:
Specific Instructions for Courier:	

## CUSTOMER SATISFACTION

I prefer to be contacted by: <input type="checkbox"/> E-Mail <input type="checkbox"/> Phone
How did you hear about us?
Specific Needs or Requests:

### INTERNAL USE ONLY:

RLS-RPTS _____ REPORTS TO PRINT ON RPS 223	RLSPT1 _____ ALL RPS ACCOUNTS	DOUSTDN _____ ALL NPHL DOUGLAS CO. STD ACCOUNTS	800GROUP _____ DHHS	800MCAID _____ DHHS MEDICAID
RLW-RPTS _____ REPORTS TO PRINT AT CW LAB		LANCSTDN _____ ALL NPHL LANCASTER CO. STD ACCOUNTS	802GROUP _____ ALL DOUGLAS CO	802MCAID _____ ALL DOUGLAS CO MEDICAID
		BILLNPHL _____ ALL NPHL ACCOUNTS ACCTS OTHER THAN MCAID	803 GROUP _____ ALL LANCASTER CO	803MCAID _____ ALL LANCASTER CO MCAID
		NPHL _____ ALL NPHL ACCOUNTS	STGRNT _____ ALL STD GRANT ACCNTS	