LUXDiagnostics

# CLIENT ONBOARDING FORM

START DATE REQUEST: _____

## ACCOUNT INFORMATION

| | |
|---|---|
| ACCOUNT NAME: | CONTACT NAME: |
| PHONE: | CONTACT TITLE: |
| FAX: | CONTACT PHONE: |
| ADDRESS: | CONTACT EMAIL: |
| | LUX REP: |

## PANELS ORDERED & EST. MONTHLY VOLUME

- ☐ Culture & Sensitivity Testing
- ☐ Molecular STI Panel
- ☐ Molecular UTI Panel
- ☐ Molecular UTM Panel
- ☐ Molecular UA w/ PCR+ABX+AST
- ☐ Molecular Vaginitis Panel
- ☐ Molecular Wound Panel
- ☐ Molecular Fungal Panel
- ☐ Molecular GI Panel
- ☐ Respiratory Pathogen Panel
- ☐ COVID-19/FLU/RSV Panel
- ☐ COVID-19
- ☐ Comprehensive PGx Panel
- ☐ Tuberculosis Testing
- ☐ Comprehensive Blood Panels
- ☐ Urine Toxicology
- ☐ Oral Toxicology
- ☐ D/L Isomer
- ☐ Other Testing Requests:
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

## BILLING TYPE

☐ Insurance ☐ Client Bill (Approval Required) ☐ Patient

## REPORTING PREFRENCE

☐ Fax to Practice ☐ Email to Practice ☐ Email to Provider ☐ EMR Integration REQUEST

## SHIPPING INFORMATION

- ☐ Courier Pick-up (Georgia Only)
- ☐ Courier Pick Up Time:

_____

- ☐ FedEx Shipping
- ☐ UPS Shipping
- ☐ Saturday Deliver
- ☐ Delta Dash (For large volume)

## CRITICAL CONTACT INFORMATION

| | |
|---|---|
| CONTACT NAME: | EMAIL: |
| PHONE: | NOTES: |

LUXDiagnostics

# PHYSICIAN AUTHORIZATION FORM

| PORTAL ACCESS: INDIVIDUALS AUTHORIZED TO ELECTRONICALLY ACCESS PORTAL AND ORDER TESTS | |
|---|---|
| NAME: | EMAIL: |
| NAME: | EMAIL: |
| NAME: | EMAIL: |
| NAME: | EMAIL: |
| NAME: | EMAIL: |

## PHYSICIAN SIGNATURE RECORD

PLEASE INCLUDE ALL PROVIDERS WHO ARE AUTHORIZED TO ORDER LAB TESTING. THE INDIVIDUAL LISTED BELOW ARE AUTHORIZED TO SIGN PATIENT TEST REQUISITIONS, LIMITED TO MD, DO, PA OR APRN (CNP). RNS ARE NOT ALLOWED TO ORDER OR SIGN FOR LAB TESTING WITHOUT PHYSICIAN;S AUTHORIZATION (SEE ABOVE.)

| LAST NAME | FIRST NAME | NPI # | SIGNATURE | DATE |
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I UNDERSTAND AND HEREBY ACKNOWLEDGE THAT I WILL ONLY ORDER TESTS THAT I BELIEVE TO BE MEDICALLY NECESSARY TO ENSURE PATIENT COMPLIANCE WITH THE THERAPY THAT I HAVE PRESCRIBED.