



# New Account Set Up Form

Please email completed form to: [clientservices@combimatrix.com](mailto:clientservices@combimatrix.com)

## Account Information

Facility Name \_\_\_\_\_

Attention \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Website \_\_\_\_\_

Phone \_\_\_\_\_ Fax\* \_\_\_\_\_

Special Handling Comments (List any special requests or client specific instructions)

## Shipping Address

Same as facility address.

Attention \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

\* All reports are automatically faxed to indicated number. To change fax preferences, please indicate so in Special Handling Comments section below. Separate form must be completed for CombiTrak (online reports) set up.

## Contact Information

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

## Test Information

Specialty

Pregnancy Loss       Prenatal       Pediatric

Test Volume

\_\_\_\_\_ CombiSNP    \_\_\_\_\_ Chromes    \_\_\_\_\_ FISH    \_\_\_\_\_ Fragile X

\_\_\_\_\_ Sendouts    Other: \_\_\_\_\_    Start Date: \_\_\_\_\_

## Physician Information

Physician name \_\_\_\_\_ NPI Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician name \_\_\_\_\_ NPI Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Billing Information

Payor Mix (Total must be 100%)

- Direct Bill       Private Insurance
- Medicaid       Patient Pay
- Medicare

Billing address is the same as general



Billing Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Attention \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_