

# Account Application Form

Please fill out the following information and return to Genova Diagnostics Client Services at Fax: 828.252.9303 or Email: [info@gdx.net](mailto:info@gdx.net)

Please include a copy of the ordering Health Care Provider's license or copy of prescription form.

## Please Print Information

**\* Required Fields**

Health Care Provider Name and Degree\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Name of Office or Clinic: \_\_\_\_\_

Office Contact Person / Title: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Shipping Address\*: \_\_\_\_\_

City/State/Zip code + 4\*: \_\_\_\_\_

Billing Address of Office or Clinic: \_\_\_\_\_

(if different from above)

City/State/Zip code + 4: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

National Provider Identifier (NPI#), Individual Type 1: \_\_\_\_\_

PECOS Status\*:  Unknown  Enrolled  Refused Enrollment  Application in Progress  Opted Out  Not Authorized

### How did you learn about Genova Diagnostics\*?

Conference/Seminar  Colleague  Patient  Internet  Genova Sales Rep  Advertisement  Don't Recall

## Billing Method Preference

Bill per requisition (default method, all available types are accepted)

OR

Only allow the following billing methods:

Bill Practitioner

(Not available in NY, NJ, or RI)

Patient Prepay

Insurance

(Valid NPI Required)

Medicare

(Valid NPI and PECOS enrollment required)

## Communication Preference

I would like to receive occasional communications about educational content, myGDX account features, and new product information from Genova Diagnostics.

I agree to Genova's Terms & Conditions and Privacy Policy located at [www.gdx.net](http://www.gdx.net).

*I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine my eligibility to establish an account with Genova Diagnostics. As part of this application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print

OIG: \_\_\_\_\_ / \_\_\_\_\_ (Laboratory's use only)

Date

Initials