



**OFFICE USE ONLY:**  
 Acct # \_\_\_\_\_

### Account Registration

Primary Account Holder's Last Name		First Name	Initial	Credential
State or Provincial Professional License/Registration/Certification #		Specialty		
Practice/Clinic Name				
Street Address				
City		State	Zip Code or Postal Code	
(Area Code) Telephone Number (    )		(Area Code) FAX Number (    )		
E-mail				
Shipping Address (if different from above)				
Billing Address (if different from above)				

### Additional Authorized Practitioners for Account Use

First Name	MI	Accreditatio	State/Provincial License/Registration #

### Administrative Contacts (if applicable)

Lab Contact	Telephone Number (    )	Ext	E-mail
Office Contact	(    )		
Billing Contact	(    )		
Shipping Contact	(    )		

### Results Reporting (How do you want to receive your results? You may choose more than one.)

MAIL	FAX (    )
E-MAIL * E-mail Address :	
*ONLY AVAILABLE FOR INTERNATIONAL CLIENTS	



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**Billing Method**

PATIENT PREPAY	<p><i>By choosing "Patient Prepay", I or my patient will send payment in full with each test submission. If payment is not received, the patient will be contacted for payment and the results will not be released until paid in full. By choosing "Bill Practitioner", charges will be billed to my account, and I agree to pay all outstanding balances in full within 30 days of the statement date. I understand that all accounts are subject to credit review with approval, that credit limits may be established, and unpaid balances over 30 days are subjected to a monthly service charge of 1.5%. If an account balance becomes over 60 days past due, Meridian Valley Lab reserves the right to hold all results until the account is brought current.</i></p>
<p>BILL PRACTITIONER* *Credit application Required</p>	

**Credit Card Authorization**

VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER CARD
Card #:	Expiration Date :	Security Code:	
Name on Card:			
Cardholder Signature: _____			

*The undersigned hereby agrees to be responsible for payment and to comply with the terms listed above. Meridian Valley Lab is neither an insurance provider, nor a Medicare participating provider. **Patients cannot submit claims to Medicare**, but may submit to supplemental insurance companies. Meridian Valley Lab is not licensed in the State of New York and cannot ship test kits or results to the State of New York.*

*In order to order 24-hour urine and dry urine hormone testing from Meridian Valley Lab, a practitioner needs to be licensed as an: MD, ND, DO, DC, PA, RPh, or NP.*

\_\_\_\_\_

***I certify that I meet all state/provincial licensing/registration requirements and that I am authorized to order laboratory testing in my state/province.***

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name



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### Credit Application

#### General Company Information

Company/Clinic Name		
Owner Name		
Street Address		
City/Town	State	Zip Code/Postal Code
(Area Code) Telephone Number (    )		(Area Code) FAX Number (    )
E-mail		Federal Tax ID Number
Legal form Under Which Business Operates CORPORATION      PARTNERSHIP      SOLE-PROPRIETORSHIP		In Business Since:
Billing Contact	Billing Contact Area Code and Phone Number (    )	
Billing Address (if different from above)		
Billing Contact E-mail		

#### Bank Reference

Bank Name & Branch	Bank Account Number	Check One: CHECKING      SAVINGS
Street Address		
City/Town	State	Zip or Postal Code

#### Trade References (please provide 3 trade references)

Company Name		
Address		
(Area Code) Telephone Number (    )	E-mail	Account Number
Company Name		
Address		
(Area Code) Telephone Number (    )	E-mail	Account Number
Company Name		
Address		
(Area Code) Telephone Number (    )	E-mail	Account Number

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 the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Meridian Valley Lab, in order to verify the information supplied herein.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_