

Completed forms can be sent to:
 Email: info@meridianvalleylab.com
 Fax: 206-209-4211



Office Use Only
MVL Account ID#: _____

Account Registration

Primary Account Information

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

Additional Authorized Practitioners on Account

First Name	Last Name	MI	Accreditation	State/Provincial License/Registration #

Administrative Contacts

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

Results Reporting *How do you want to receive your results?*

<input type="checkbox"/> MAIL	<input type="checkbox"/> FAX ()
<input type="checkbox"/> SECURE ONLINE PORTAL *E-MAIL ADDRESS FOR ONLINE PORTAL:	

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Billing Method

<input type="checkbox"/> PATIENT PREPAY	<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 bought current.</i>
<input type="checkbox"/> BILL PRACTITIONER* <i>*(Select One)</i> <input type="checkbox"/> CC On File <input type="checkbox"/> Credit Application	

Credit Card Authorization

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD
Credit Card #: _____ Expiration Date: _____ Security Code: _____
Name on Card: _____
Cardholder Signature: _____
<input type="checkbox"/> Charge Credit Card Monthly <input type="checkbox"/> Charge Credit Card with Every Sample Received

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.

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