



## New Account Setup Policy

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### New Account Setup (Onboarding)

Once New Account paperwork is submitted to the laboratory, our account specialists will verify the following:

- New account paperwork completed in its entirety. This includes:
  - New Account Form (signature of physician required)
  - Authorization for Electronic Signature (signature required for use of electronic ordering)
  - Discontinuing Lab Services Policy (signature required from both physician and sales rep)
  - Supply Order Form
  - FedEx Pick-Up Registration Form

Once we have received all of the above applicable documents for a new account, our account manager will make contact with an individual working at the clinic or the salesperson onboarding the clinic. The account manager will go over the following:

- Acknowledgement that the new account setup form has been received.
- Confirm that the information provided is accurate (including but not limited to: address, phone number, fax number, and physician information).
- Verify types of testing that will be performed.
- Verify the expected sample volume.
- Verify the expected insurances that will be received from the clinic.
- Inform the clinic of how to use our client portal and our online supply order form.
- Schedule a training for collection and requisition completion, if desired.

Once the information has been verified and approved in house, we will begin the process of setting up the new account. This process includes generating an access point on our client portal and creating a supply shipment containing all of the necessary collection materials to begin sending us samples.

If all of our communications are answered in a timely manner, the account onboarding process can take less than 24 hours from the receipt of the New Account Onboarding Paperwork.

### Please Note:

- Any samples received without doctor and clinic information on the requisition are subject to being put on hold or rejected.
- By signing this form, you are agreeing to provide relevant chart notes and medical records for every sample that you are sending to Redwood Lab Services/Elite Clinical Laboratory/Ohio River Lab. This should include but not be limited to patient insurance and demographics, current and historical medication lists, and current and historical patient diagnoses.

Please sign and date below to acknowledge you have received and *accept* these policies.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# ELITE CLINICAL LABORATORY

## NEW ACCOUNT FORM

Sales Group: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

| 1. Clinic Information |                |              |            |
|-----------------------|----------------|--------------|------------|
| Clinic Name           | Street Address | Phone Number | Fax Number |
|                       |                |              |            |

| 2. Office Hours |         |           |          |        |          |        |
|-----------------|---------|-----------|----------|--------|----------|--------|
| Monday          | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|                 |         |           |          |        |          |        |

| 3. Physician Information         |     |           |
|----------------------------------|-----|-----------|
| Physician Name (MD, DO, NP, etc) | NPI | Specialty |
|                                  |     |           |
|                                  |     |           |
|                                  |     |           |

| 4. Office Contact Information |              |       |           |
|-------------------------------|--------------|-------|-----------|
| Name                          | Phone Number | Email | Job Title |
|                               |              |       |           |

| 5. Account Preferences (Check Off Which Apply) |                        |             |
|--|------------------------|-------------|
| <b>a. Sample Delivery</b>                      |                        |             |
| Dropoff At Lab                                 | Recurring FedEx Pickup | Both        |
|  |                        |             |
| <b>b. Report Delivery</b>                      |                        |             |
| Fax  | Web Portal             | Both        |
|  |                        |             |
| <b>c. Payer Mix</b>                            |                        |             |
| Commercial                                     | Medicare/Medicaid      | Cash/Client |
|  |                        |             |

### 6. Provider Authorization

This form gives Redwood Lab Services, Elite Clinical Lab, or Ohio River Lab permission to test each specimen we receive according to the selection made on the individual forms received in the laboratory. Please have each provider who will be ordering tests sign and date a copy of this form.

I, the below signed, authorize tests ordered and sent for analysis at Elite Clinical Lab, or any of their underwritten partners.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



### AUTHORIZATION FOR ELECTRONIC SIGNATURES

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_  
(Printed)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This request, from Elite Clinical Lab, to have your signature on file in our Laboratory Information System, ensures that your electronic orders are verified with your full intent and knowledge. By having your signature on file, you will be able to maintain your patient's records and electronically sign your clinical orders where applicable. This is to confirm that your signature will be encrypted and will be used only for the sole purpose of ordering diagnostic test on your patients, in compliance with HIPPA standards. Should you choose to remove your signature at any time, please notify us for removal. If you would like to opt out of this feature, please check the box below:

Opt Out of Electronic Orders

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### DISCONTINUATION OF LABORATORY SERVICES STATEMENT

Elite Clinical Lab reserves the right to discontinue services to any account at any time, for any reason. If we have come to the decision to discontinue services to an account, the following steps will be followed:

1. We will contact the account (the account rep and the clinic) to advise them that we will no longer be servicing them. The account will be informed that they have five (5) business days to find another laboratory to send their samples to. (This will also be sent via FedEx as a hard copy, with a signature required on delivery.) This written notice will advise the account of the last day we will be accepting samples.
2. If, on the fifth day, we are still receiving samples, we will contact the account (directly to the clinic) to inform them that it is the last day that we will be accepting their samples.
3. If, on the sixth day, we are still receiving samples, we will contact the account (directly to the clinic and then the account rep) to inform them that the samples are going to be discarded.

Please sign and date below to acknowledge your receipt and comprehension of this policy.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_  
(Printed)

Sales Rep Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sales Rep Name: \_\_\_\_\_  
(Printed)