



Account Set-up Form

Please fax or email completed form to customer services at 470-239-5017 or cs@diagnosticsolutionslab.com

Practice Information

Company name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary contact: _____ Phone: _____

Email: _____

Billing contact: _____ Phone: _____

Email: _____

Ordering Clinician(s) Information:

Name: _____ Degree: _____

NPI: _____

Name: _____ Degree: _____

NPI: _____

Name: _____ Degree: _____

NPI: _____

Name: _____ Degree: _____

NPI: _____

Name: _____ Degree: _____

NPI: _____

Professional Billing

Physician billing is available. If you would like to set up your account for clinician billing please include the credit card information below. DSL does not offer credit terms. All tests will be billed to the card on file upon completion of testing. You may also chose to pay by check. A check for the professional billing price must accompany the specimen(s) when they arrive at the lab.

Card type: Visa MC AmEx

Name on card: _____

CC# _____ Exp: _____ crv# _____

Signature of card holder: _____

By signing this authorization, you are authorizing Diagnostic Solutions Laboratory, LLC to charge this card for testing services as they are submitted.