

ACCOUNT APPLICATION AND UPDATE FORM

DOCTOR'S DATAING	\square Open New	Account	\square Update Existing	Account
PRIMARY PRACTITIO	NER			
Name:			Degree: NF	PI:
PECOS (Medicare) status:	Enrolled Opted-Out O Unknow	'n	Signaturo: Y	
	y of your license or voided prescription			
			.0	
	YSICAL LOCATION (CANNOT	BE A PO BO		
Practice/Clinic Name:			Main Phone:	Extension:
Address 1:			Other Phone:	Description:
Address 2:			Fax:	
	State/Province:	<u> </u>	·	
Postal Code:	Country:		Email 2:	
ADMINISTRATIVE CO	NTACTS			
Lab Contact/Title:			Phone:	Email:
Office Contact/Title:			Phone:	Email:
Shinning Contact/Title:			Phone:	Email:
Dillion Control Title			Phone:	Email:
COURIER ADDRESS F	OR TEST KITS (CANNOT BE A	PO BOX)	OPTIONAL ALTER	NATE ADDRESS (PO BOXES ACCEPTED)
COURIER ADDRESS FOR TEST KITS (CANNOT BE A PO BOX) Same as practice/clinic physical location			Car	n be used for bills and other mail.
Name/Attention:				tice address O Use courier address
Address 1:			Name/Attention:	
Address 2:			Address 1:	
City:	State/Province:	<u> </u>	Address 2:	
Postal Code:	Country:		City:	State/Province:
·			Postal Code:	Country:
US & CANADA REPOR	RT DELIVERY METHODS			
All accounts have online acce	ess to results. If selected, Doctor's i	Data will mail	hard copy reports to US & C	anada clients.
	(N/A outside US & Canada). Mail to: eports; download only. Email "results			Alternate Address
HOW DID YOU HEAR	ABOUT US?			
O Conference:	O Email/Newsletter	O Website	O Referred by:	O Other:
EMAIL OPT-IN ADDRI	ESS			
Check here to opt-in an em- time by contacting us at info		nd informative	emails. We will never sell you	r name to any other party and you can opt out at a
Email Address:				
3755 Illinois Avenue		FOR DOCTOR	R'S DATA USE ONLY:	© 2018 Doctor's Data, Inc.
St. Charles, Il 60174-2420 800.323.2784 (US AND CANADA)		DATE RECEIV		All rights reserved. <i>E12.18</i>
0871.218.0052 (UK) +1.630.377.8139 (GLOBAL)			ED:	
630.587.7860 (FAX) doctorsdata.com		ACCOUNT #:		<u> </u>



FINANCIAL RESPONSIBILITY FORM

BILLING PREFERENCE					
 Enable all billing methods and bill as requisition Never bill practitioner account; only allow patien Always bill practitioner account; no patient pay 	ent prepay, or insurance/Medicare. (Required in l				
WHERE DO YOU WANT YOUR BILLS S	ENT?				
O Physical Location O	Courier Address O Alternate Address O E	mail Address			
CREDIT CARD AUTHORIZATION					
Providing a credit card on file is optional for US a	ccounts and mandatory for all accounts outsi	ide the US.			
I authorize Doctor's Data, Inc. to charge my o	outstanding monthly balance to this credit or deb	oit card each month.			
Card Type: O Visa O Maste	erCard O American Express	Opiscover			
Name on Card:					
Card Number:	Expires:				
Cardholder Signature: X					
CREDIT CARD BILLING ADDRESS					
Name/Attention:					
Address 1:					
Address 2:					
City:		Province:			
Postal Code:	Country:				
PROMPT PAYMENT AGREEMENT					
I wish to participate in the Doctors Data, Inc./Labrix P current Prompt Payment/Professional Price Fee Sche		gram. I understand that tests will be charged according to the agree to comply with the following:			
to my account, and I agree to pay all outstan	ding balances in full within 30 days of the invoice	ctitioner Account" option below, charges will be billed e date. I understand that all accounts are subject to 80 days old are subject to a monthly service charge of			
	octor's Data tests will be charged according to th d according to the Labrix Proffessional Price Fee S	ne DDI Prompt Payment Fee Schedule; and that patient Schedule.			
I understand that the Prompt payment/Profe selected and that these tests will be charged		en "Patient billing or Insurance/Medicare billing" is			
The undersigned agrees to be responsible for	or payment for tests billed to his or her professio	onal account and to comply with the terms listed above:			
Name:	Signature: X	Date: <u>11/5/2025</u>			
3755 Illinois Avenue St. Charles, Il 60174-2420	FOR DOCTOR'S DATA USE ONLY:	© 2018 Doctor's Data, Inc. All rights reserved.			
30. 323.2784 (US AND CANADA) 0871.218.0052 (UK)	DATE RECEIVED:	E12.18			
+1.630.377.8139 (GLOBAL) 630.587.7860 (FAX)	ENTERED BY:				
doctorsdata.com	ACCOUNT #:				