



Billing:	_____
Distribution:	_____
Histology:	_____
Pathology:	_____
Sales:	_____

CLIENT SIGN-UP FORM

Date: _____ Client #: _____

Start Date: _____ NPI#: _____

Salesperson: _____ Account Type: **NEW** **ADD** **MODIFY**
(Circle One)

Practice Name: _____

Doctor's Full Name & Title: _____

Client Type: _____

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Pick up / Drop off Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____ Phone: _____ Fax: _____

Will Call _____ Pickup Time/Place: Above

HISTOLOGY
(Check one)

Slide Prep Only: _____ Read Only: _____

Doctor to Read Slides: _____

BILLING: # of Pre-Printed Requisitions to Start: _____

COMMENTS: _____