GENETWORx™ Account Set-Up Form

All fields must be populated. Insert "N/A" if a field is not applicable to avoid delays.

Sales Company Name: GENETWORx________________________ Phone/Email: ________________________

Sales Rep: ________________________ Date: ________________________ MM/DD/YYYY

ACCOUNT INFORMATION

Verify correct spelling and other information to avoid delays.

Practice/Hospital: ________________________ Office Manager: ________________________

Address: ________________________ Phone: ________________________

City/State/Zip: ________________________ Billing Contact: ________________________

Phone: ________________________ Phone: ________________________

Fax: ________________________ Office Days/Hrs: ________________________

Payer Mix %: ___% Commercial Insurance ___% Medicaid ___% Medicare ___% Direct Bill

SECOND LOCATION

Ensure this information spelled correctly and is unique to the second location to avoid delays.

Practice/Hospital: ________________________ Office Manager: ________________________

Address: ________________________ Phone: ________________________

City/State/Zip: ________________________ Billing Contact: ________________________

Phone: ________________________ Phone: ________________________

Fax: ________________________ Office Days/Hrs: ________________________

PHYSICIAN INFORMATION

	Physician Name:	Degree: (M.D., D.O., etc)	Email:	NPIN: (National Provider Identification)
1				
2				
3				
4				
5				
6				
7				
8				
9				

IT/EMR

Report Preference:

☑ GENETWORx ☐ Fax Fax Number ________________________

☐ EMR Company: ________________________

Contact Name: ________________________

Contact Phone: ________________________

Account #: ________________________

OTHER AUTHORIZED USERS

	User Name:	Email:	Phone:
1			
2			
3			
4			
5			

TESTING SUPPLIES

☐ COVID-19 Test Kits

☐ Other:

- ______ PGX
- ______ GI/GYN
- ______ Wound/Nail
- ______ Nail Only
- ______ Respiratory
- ______ UTI
- ______ GYNw/PAP
- ______ Prenatal
- ______ CGX
- ______ Carrier Screening Tox

☑ Please send Initial COVID-19 Test Kit Order directly to Primary Practice Location.

☐ Secondary Location

Print and fax this form to 866-704-3113

| Tel 855-GENTWRX or 855-436-8979