

Reporting Preferences:
Pick Up Instructions:

Special Requests:

2 Ethel Road, Suite 203C Edison, NJ 08817 www. Genoscientific.com Tel: (732)-662-5543

Fax: (732) 662-5544

ACCOUNT SET UP FORM Genoscientific Account Manager Date: ACCOUNT INFORMATION Hospital/Practice Name: Address: City: State: ZIP Code: Phone: Email: Fax: Office Manager: Office Days/Hours: How long? Phone: E-mail: Fax: Billing Contact: Office Days/Hours: E-mail: Phone: Fax: Notes: ALTERNATE LOCATION Address: City: State: Zip: Phone: Email: Fax: Office Manager: Phone: Email: Office Days/Hours: Billing Contact: Phone: Email: Office Days/Hours: Notes: PHYSICIAN INFORMATION Physician Name Degree Type National Provider ID (NPIN) ACCOUNT REQUESTS