# Office Sign-Up Form

Healing Biologix
Innovating Health Solutions

## SECTION 1 Medical Office Information

Legal Name of Practice: _____ # of Locations _____

Practice Name/DBA: ☐ Same As Legal Name ☐ Other _____

Primary Street Address: _____

Street Address Apt., Suite, etc. (optional)

_____

City State Zip Code

Primary Order Contact: _____

Name Email Address Direct Phone

Office Manager: _____

Name Email Address Direct Phone

BILLING: Do You Currently: ☐ Bill In-House ☐ Outsource Your Billing _____

Company Name (if outsourced)

Medical Biller: _____

Name Email Address Direct Phone

Accounts Payable: _____

Name Email Address Direct Phone

Office Phone: _____ Fax: _____ Website: _____

Group NPI #: _____ Federal Tax ID: _____

Distributor: _____ Sales Rep: _____

## SECTION 2 Physician Information

Owner On Record

Physician #1: _____ ☐

Name Email Address Direct Phone Physician NPI #

Physician #2: _____ ☐

Name Email Address Direct Phone Physician NPI #

Physician #3: _____ ☐

Name Email Address Direct Phone Physician NPI #

Physician #4: _____ ☐

Name Email Address Direct Phone Physician NPI #

Physician #5: _____ ☐

Name Email Address Direct Phone Physician NPI #

Physician #6: _____ ☐

Name Email Address Direct Phone Physician NPI #

Physician #7: _____ ☐

Name Email Address Direct Phone Physician NPI #

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## SECTION 3 Payment Information

**CREDIT CARD TYPE:** ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card Information: _____
Card Number Expiration Date Security Code

Name On Card: _____

Billing Address: _____
Street Address Apt., Suite, etc. (optional)

_____
City State Zip Code

Use this Card for Automatic Payment? ☐ YES ☐ NO

I Prefer to Receive Statements by: ☐ Mail ☐ Email _____

Mail Invoices Separately from Order? ☐ YES ☐ NO

**WIRES/ACH:**

| | | | |
|---|---|---|---|
| Account Beneficiary Name: | HEALING BIOLOGIX, LLC | Account Number: | 580029950 |
| Bank Name: | JP Morgan Chase Bank, NA | ABA/Routing Number (Wires): | 021000021 |
| Bank Address: | 270 Park Avenue<br>New York, NY 10017 | ABA/Routing Number (ACH): | 267084131 |
| | | Swift Code: | CHASUS33xxx |

## SECTION 4 Practice Information

Do You Have a DME License? ☐ YES ☐ NO If yes, what is your PTAN number?_____

What is your current EMR system? _____

Medicare Patients: _____% Private Insurance Patients:_____%

## SECTION 5 Authorization

By signing this form, you authorize Healing Biologix to communicate with your practice via current methods including, but not limited to, fax, email, phone, mail, etc. to share order updates/information, industry information, and/or marketing messages. Your contact information will not be shared, and opt out options will be made available for marketing communications.

Print Name, Title: _____

Signature: _____ Date Signed:_____

**Send Completed Form To: orders@healingbiologix.com**