

POLICY

New Account Setup Policy

New Account Setup (Onboarding)

Once New Account paperwork is submitted to ImmunoGenomics, our account specialists will verify the following:

- New account paperwork completed in its entirety. This includes:
 - New Account form (signature of physician required)
 - Physician Acknowledgement Form (signature of physician required)
 - Confirmation of the physicians signature on a VOIDED RX pad (see example)
 - *Original must also be mailed in to corporate address*
 - Authorization for Electronic signature – for web portal (signature of physician required)
 - Shipping Instructions (no signature required)
 - Discontinuing lab services policy (signature required)

Once we have received all of the above documents for a New Account, an account specialist will make contact with an authorized representative working at the New Account. The account specialist will go over the following:

- Receive acknowledgement that the new account setup was submitted
- Confirm the information that was provided on the new account documents is accurate (address, phone, fax, physicians information)
- Verify types of testing performed
- Verify the expected sample volume
- Verify the mix of insurance

NEW ACCOUNT FORM

ImmunoGenomics

Date: 12-14-2022

Account Rep CHAD Smith

Contact Name: FERRE AKBARPOUR

Phone/Email: 714-842-1777

DAFERRE@DAFERRE.COM

Projected Start Date: 12-14-2022

Email to: info@immunogeno.com

Fax to: 832.276.7352

1.0 Account Information

Account Name	Office Hours	Address	Phone	Fax
<u>Orange County Immune Inst.</u>	<u>9:00 AM to</u>	<u>18800 Delaware St.</u>	<u>714-842-1777</u>	<u>714-3754670</u>
<u>OC II</u>	<u>5:00 PM</u>	<u>Suite 900 9th floor</u>		
		<u>Huntington Beach, CA.</u>		
		<u>92648</u>		

2.0 Physician Information

Name (M.D., D.O., CRNP)	NPI
<u>FERRE AKBARPOUR</u>	<u>1336350289</u>

3.0 Office Contact Information

Name	Phone	Job Title
<u>ANAHITA AMIRIAN</u>	<u>714-842-1777</u>	<u>office manager</u>

4.0 Account Preferences

Pick-Up: ☐ Will-Call ☐ Daily ☒ FedEx ☐ Courier / FedEx ☐ Daily, Specific Days: _____

Drop Box Location: _____

Pick-Up Special Instructions: _____

Report Delivery: ☒ Fax ☒ Web Portal ☒ Hard Copy

After Hours Phone #: 714-715 4545

5.0 Billing Information

☒ Commercial Insurance (%) ☐ Client Bill ☐ Workers Comp. ☐ Medicare / Medicaid

Estimated Monthly Volume: 2 or 3 per month or more

6.0 Physician Authorization

Physician Name (printed): FERRE AKBARPOUR Physician Signature: Ferre Akbarpour (MD.)

Date Signed: 12 / 14 / 2022

AUTHORIZATION FOR ELECTRONIC SIGNATURE

This request, from ImmunoGenomics to have your signature on file, to ensure that your electronic orders are verified with your full intent and knowledge; by having your signature on file, you will be able to maintain your patient's records and electronically sign your clinical orders.

This is to confirm your signature will be encrypted and will only be used for the sole purpose of ordering of diagnostic tests for your patients, in compliance with HIPPA standards. Should you choose to remove your signature at any time, please notify us, and it will be removed.

X Ferre Akbarpour M.D.

Physicians Signature

12 / 14 / 2022

Date

FERRE AKBARPOUR M.D.

Physician Name (Printed)

12 / 14 / 2022

Date

X _____

Witness

_____/_____/____

Date

POLICY

Discontinuing Laboratory Services to an Account

ImmunoGenomics reserves the right to discontinue services to any account and anytime.

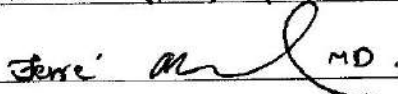
If we have come to the decision to discontinue services to an account, these are the steps that must be followed:

1. We will contact the account to advise them that we will no longer be servicing their account. We will inform them that we will give them 5 business days to find another laboratory to send their samples to. We will also send a hard copy of this notice via UPS/FedEx with a signature on delivery required. This written notice will have a date for which the last day we will accept samples from their account.
2. If on the 5th day we are still receiving samples, we will make a phone call to the account to advise them that it is the last day that we can accept their samples.
3. If on the 6th day samples are still coming in, we will make a phone call to the account to advise them that the samples are going to be discarded.

Please sign and date below to acknowledge you received notification of this policy.

Date: 12-14-2022

Print Name: FERRE AKBARPOUR M.D.

Signature:  M.D.

Date 12-14-2022

FERRE AKBARPOUR attest that the below signature is indeed my own.
(Doctor's Name)

Huntington Beach, Ca. 92648
Our Office is located at 18800 Delaware St. Suite 900 Please fax this form from
(Office Address)

your office back to ImmunoGenomics

Ferre Akbarpour
(Doctor's Signature)