



ACCOUNT SETUP FORM

13766 Alton Pkwy, Ste 144, Irvine, CA 92618

CAP: 8766152

CLIA: 05D2065632

www.genexlpc.com

INSTRUCTIONS

1. Please PRINT CLEARLY when providing required information to ensure proper processing.
2. Please return completed form to customerservice@genexlpc.com.

ASSOCIATED CLIENT'S NAME *(required)*

CLIENT NAME

SALES REP INFORMATION *(required)*

SALES REP LAST NAME

SALES REP FIRST NAME

MIDDLE INITIAL

DATE

STREET ADDRESS

PHONE NO.

FAX NO.

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PRIMARY FACILITY ACCOUNT INFORMATION *(required)*

PRACTICE/CLINIC NAME

OFFICE MANAGER NAME

PRACTICE/CLINIC ADDRESS

PHONE NO.

FAX NO.

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHYSICIAN INFORMATION *(required)*

PHYSICIAN NAME (LAST, FIRST)	SPECIALTY	NATIONAL PROVIDER ID NO. (NPIN)	PHONE NO.	EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				

SECONDARY FACILITY ACCOUNT INFORMATION *(required)*

PRACTICE/CLINIC NAME

OFFICE MANAGER NAME

PRACTICE/CLINIC ADDRESS

PHONE NO.

FAX NO.

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHYSICIAN INFORMATION *(required)*

PHYSICIAN NAME (LAST, FIRST)	SPECIALTY	NATIONAL PROVIDER ID NO. (NPIN)	PHONE NO.	EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				