

Practice Registration Form

(Please fill out all areas and return to representative at your scheduled meeting)

Rep name			Rep email			Rep phone				
Practice n	ame					Practice NPI		Clinical specialty		
Practice p	hone xxx-x	XX-XXXX	Pracfice fax xxx-xxx-xxxx (for sending Patient Health Information)							
Practice a	Practice address			Suite	9	City		tate Zip		
Primary Contact person			Contact phone			Contact email	Posi	Position		
Secondary Contact person			Contact phone			Contact email		Position		
Clinic S	upport	: Staff								
Name (first	name, last	name)	Ema	il		Positio	on (collector	/ lab tech /	MA)	
Name (first name, last name)			Emo	Email Position (collector / lab tech / MA)						
Provide	ers					Signature	e confirms	your reque	st for enroll	ment
Name (title	e, first name	e, last name)	Ema	il		NPI #		Sigr	nature	
Name (title, first name, last name)			Email			NPI #		Signature		
Name (title, first name, last name)			Email			NPI #		Signature		
Name (title, first name, last name)			Email			NPI #		Signature		
	Name (firs	t name, last	name) Emc	ail		NPI #		Sigi	nature	
Indica Collec Mi	-	Open Time	Close Time	Blood Collections?	Desired UPS Pick-Up Time	Indicate Collection Days: Thursday Friday Saturday	Open Time	Close Time	Blood Collections?	Desired UPS Pick-Up Time



Clinic Payor Mix % Medicare	% Tricare	% Medicaid *	% Commercia	I* % Worker's Comp	% Self Pay	% Clinic Bill					
Specific Medicaids:*Specific Commercial Payors:											
Laboratory Tests per Month	Wound	Nail	UTI GI	RPP	STI To	xicology					
Blood PGx CGx											
Wound Care											
How many patients present at your clin	ic with foot ar	nd leg ulcers on	a monthly ba	sis?							
Are you currently performing wound co	are procedure	·s?									
If No, why?											
How many providers are treating for wo	ound care?										
- Are you using any advanced treatmen	t modalities? ((Skin Substitutes	, Amniotic Tissu	e Grafts, etc.)							
If Yes, what products do you currently u	se?										
How many providers are treating for wo	ound care?										
If No, how do you treat patients?											
Is your billing done in house or outsource	ed?										