



# New Account Set-Up Information

Once completed, email this form to: [FieldSupport@Parameno.Health](mailto:FieldSupport@Parameno.Health)

This **REQUIRED** form should take 5 minutes to complete. Enter a response in each 'yellow' cell below (**hit "Tab" to go to the next cell**). If there are multiple locations, each location will have its own setup information. Once this information is received, the New Account will be set up, and, supplies sent to the clinic. After completed, please print this form. A 'Signature Page' will also print. Each ordering Provider's signature is **REQUIRED**.

Office	Sales Rep on this Account: *		Rep Phone: *		Rep e-Mail: *		Today's Date (d/m/y): *		Desired Start Date(d/m/y): *													
Products	EMR / Portal Information:																					
	What's the name of your EMR system? *					eFax to EMR:			eMail to EMR													
Products	Place an "X" in the boxes below for Products to use *																					
	COVID-19	COVID Ab	E-E-G	HIV Panel	Molecular Genetics	PGX	Premium Blood Panel	RPP	Toxicology	UA/UTI	Other											
Products	Place a numerical value in the anticipated "MONTHLY VOLUME" boxes below. *																					
	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume											
Clinic Information	Legal Name of Clinic: *					Clinic Specialty: *			Current lab *													
	Office Phone: *		Office Fax: *		Medicare/Medicaid #: *		Group NPI Number:		Government Pay % *		Commercial Pay % *											
	Address Location: *					City: *			State: *		Zip: *											
	Shipping Address (If same as above, type "Same"): *					City: *			State: *		Zip: *											
Pick-Up	SAME																					
	Does the Clinic need any of the following?																					
	Centrifuge? *		Phlebotomist? *		Lock Box? *		Printer *		Computer *													
Pick-Up	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No												
	Office Hours																					
	Day	O	C	Day	O	C	Day	O	C	Day	O	C	Day	O	C	Day	O	C	Day	O	C	
Pick-Up	Mon			Tues			Wed			Thur			Fri			Sat			Sun			
	Special Instructions for Courier Pick-Up - <b>VERY IMPORTANT!</b>																					
	If this is a regular daily pick-up, leave blank. If there are special things we need to know, please describe here.																					
Hierarchy	Contact: *					Office: *		Cell: *		e-mail *												
	Owner of Practice: *																					
	Business Manager: *																					
1st Call	Office Manager: *																					
	Contact: *					Office: *		Cell: *		e-mail *												
	Critical Lab Contact: *																					
Client Bill Information	Second to Contact:																					
	Primary Contact related to Invoicing to be provided below.																					
	Client Name				Address				E-mail Address				Primary Contact #				Primary Fax #					
Client Bill Information																						

Signature Form is attached. The Signature Form will pre-fill with the information from above. Please print and email both forms to: [FieldSupport@parameno.health](mailto:FieldSupport@parameno.health)

## Required Signatures for New Lab Set-Up

I hereby acknowledge that our network of labs will perform laboratory testing for patients from my practice as directed by the individual Test Requisition Form. I acknowledge and understand that our network of labs will bill my patients' insurance based on the demographic information received as a CLIA certified laboratory provider. Our network of labs has enabled the ability for the ordering physician to electronically sign each order through the physician portal. The ability to print and manually sign is still available should you not want to use the electronic capabilities. Because our network of labs participates with both in-network and out-of-network insurance carriers, I acknowledge that I am solely responsible for adhering to any applicable policies, procedures, or protocols for the referral of specimens to our laboratories established by commercial payors with whom I or my practice may be contracted. I acknowledge and agree that our network of labs has made no representations regarding my ability to utilize its services for my patients with respect to such applicable policies, procedures, or protocols. This is to state and acknowledge that the practice listed above will use our network of labs as our lab partner with the specific CLIA approved laboratory types listed below.

I agree to allow Parameno Health Services and anyone who collects on our behalf to contact me about account status, including past due or current charges, using prerecorded calls, email, texts and calls or messages delivered by an automatic telephone dialing system to any wireless phone number, other contact number or email address provided. Parameno Health Services will treat any email address provided as a private email that is not accessible by unauthorized third parties. Unless notifying us that your wireless service is based in a different time zone, calls will be made to the cellular device during permitted calling hours based upon the time zone affiliated with the mobile telephone number provided. I am responsible for charges for incoming text messages on the wireless phone. If we ask to have our number placed on our "do not call" list, we will not call or text (or authorize others to call or text) at that number.

I/we acknowledge that the tests ordered are medically necessary because of my legal and regulatory responsibility to take reasonable steps to prevent abuse and diversion of controlled substance medications. I understand that I may order any of these tests separately or in combination consistent with the patient's individual medical history, clinical presentation, medical needs, and own statements. I also acknowledge that I have read the Parameno Health Billing Policy and understand my patients may be billed from an out-of-network, CLIA approved laboratory.

*Please sign in the box designated by Provider name.*

Provider Name: *		
State License *	NPI Number *	DEA Number *

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number

Provider Name:		
State License	NPI Number	DEA Number



## BILLING POLICY 2022

### LABORATORY SERVICES

Parameno Health manages a network of laboratories companies committed to providing superior clinical laboratory testing services with exceptional customer service. During the course of your treatment, your provider may request specific tests be performed by a laboratory within Parameno Health's network. These tests are designed to assist your doctor in managing your medications, tailoring your treatment plan, and ensuring you receive the optimal care you expect and deserve.

### BILLING PROCESS

Following performance of the laboratory test(s), the laboratory will file claims directly with your insurance carrier. Once the claim has processed, you will receive an Explanation of Benefits (EOB) from your insurance provider, outlining the amount of coverage for your laboratory service(s). The EOB IS NOT A BILL, but it may indicate a balance which is your responsibility such as copay, deductible, and or coinsurance. If you have questions about the EOB, please contact your insurance company.

Your insurance provider will notify the laboratory of any patient financial responsibility and depending on your coverage, you could receive a bill. It is also possible that your insurance company may send a check directly to you for the services our laboratory provided. If this occurs, you are responsible for immediately endorsing the check over to Parameno Health and mail to 4887 Alpha Road, Suite 205 Farmers Branch, Texas 75244.

### OUT-OF-NETWORK

If you have any questions or concerns about coverage, please talk with your provider or contact Parameno Health to inquire about your specific plans' coverage. Your insurance plan may be subject to out-of-network benefits.

### UNINSURED PATIENTS

For uninsured patients, our laboratory offers patients the convenience of electronically submitting payment at the time of service. If you are unable to submit an electronic payment at the time of service, please expect to receive a bill directly in the mail.

### PAYMENT METHODS

Parameno Health offers several options for payment of laboratory services. Acceptable forms of payment include cash, money orders, personal checks, and all major credit cards. If you have any questions, please contact our billing department to discuss payment options and arrangements.

### QUESTIONS?

Parameno Health staff is fully equipped to assist and answer questions regarding your testing coverage, billing and/or payment options. Please contact the office directly at 844.767.5227.

For questions regarding the types of laboratory test(s) performed, ordered, or resulted, please direct those to your provider. Thank you for allowing Parameno Health to serve you!