New Account Registration Form

Please send completed form via
Email: support@softcelllabs.com
Fax: 1-435-990-7242

REPRESENTATIVE

Account Rep Name:	**Account Rep Phone:**

ACCOUNT & FACILITY

Facility/Practice Name:	**Phone:**	**Fax:**	
Address:	**City:**	**State:**	**Zip:**
Contact Name:	**Contact Email:**		

REPORTS & LOGISTICS

How would you like to receive reports? ☐ Web Portal ☐ Fax	Start Date of Account:
Name for Portal Access:	Email for Portal Access:
Name for Portal Access:	Email for Portal Access:
Name for Portal Access:	Email for Portal Access:

TESTING

Category	Monthly Volume	Category	Monthly Volume
COVID-19 PCR		UTM/UTI PCR	
CANDIDA AURIS PCR		GUT MICROBIOME NGS	

PAYOR MIX

Insurance	% of Patients	Insurance	% of Patients	Insurance	% of Patients
Medicare		United HC		VA	
Medicaid		Aetna		Humana	
BCBS		Cigna		Legal	
Self-pay		Worker's Comp		Other:	

ACKNOWLEDGEMENT & SIGNATURE

I understand that I can contact the Soft Cell Laboratory managers should I have questions regarding the appropriateness of any test order.

I hereby acknowledge that Soft Cell will perform the testing indicated above for patients from my practice as directed by my Test Requisition Form.

I understand that it is my responsibility to determine the medical necessity of tests I have requested for the treatment and/or diagnosis of my patients.

I agree to provide diagnosis codes, defined to the highest level of specificity, for each test that I order in order to confirm medical necessity and to enable Soft Cell to bill effectively on my patient's behalf. Tests that are deemed medically unnecessary may result in a denial of payment and/or penalties.

I understand that the Office of Inspector General (OIG) has cautioned: "Using a customized profile may result in the ordering of tests which are not covered, reasonable, or necessary" and "OIG takes the position that an individual who knowingly causes a false claim to be submitted may be subject to the sanctions or remedies available under civil, criminal, and administrative law."

I understand that Soft Cell will be billing third parties for the tests I ordered using the CPT codes noted in the Annual Notice to Physicians.

In the event that Medicare, Medicaid, or other insurance providers request documentation, I will provide signed patient's medical records to the requesting party within 72 hours.

In cases of multiple physicians within a group practice, each practitioner must indicate their acknowledgement by signing below:

Provider Name:	**NPI Number:**
Provider Signature:	**Date:**
Provider Name:	**NPI Number:**
Provider Signature:	**Date:**
Provider Name:	**NPI Number:**
Provider Signature:	**Date:**
Provider Name:	**NPI Number:**
Provider Signature:	**Date:**