Florida Family Laboratory, Inc

EXPERIENCE AND RELIABILITY

NEW ACCOUNT FORM

Account Number: _____

Marketing Representative: _____

First Visit Date: _____ Starting Date: _____

Account Name: _____

Street/Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Attending Physician: _____

Physicians UPIN Number: _____

Medicaid Provider Number: _____

NPI Number: _____

Contact Person: _____

Specialty: _____

Days and Hours of Operation: _____

Specimen Box: YES _____ NO_____ Centrifuge Needed: YES _____ NO_____

Amount of Requisitions: _____

Special Request: _____

_____

_____.

Directed To: Administration/Billing Department

Florida Family Laboratory, Inc

3830 Shipping Ave. Miami, FL 33146
Phone: 305-441-8858
Fax: 305-442-2569