



**HEMEX**  
LABORATORIES

**Thank you for your interest in HEMEX Laboratories.**

Please take few minutes to complete the information requested below. This information will enable us to better serve you and your patients. This form must be completed in its entirety and faxed back to the Sales Department at (602) 997-1406 **PRIOR** to HEMEX shipping supplies to you.

**1. What type of facility is your office?**

- " Hospital
- " Laboratory
- " Physician
- " Other \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_ FAX Number(\_\_\_\_\_) \_\_\_\_\_

**2. What type of billing will your office be utilizing?**

- " Third party (insurance/Medicare)
- " Client (billing your office)
- " Both

Managed Care Plans your office is affiliated with \_\_\_\_\_

Billing Address(if different from above) Attention: \_\_\_\_\_ Department: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_ FAX Number(\_\_\_\_\_) \_\_\_\_\_

**3. How would you like your lab reports to sent to you? HEMEX Laboratories will always mail a copy of the final report to your office.**

- " FAX reports
- " Call reports
- " Both

**4. Please provide the following information for each physician in your office who will utilize HEMEX Laboratories for testing patients:**

Physician's full name

UPIN number

Physician's full name

UPIN number

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