

CSS Account Activation Form

Fax: 866-528-6303 or email: AAF@alcat.com

Failure to complete this form in its entirety may result in delay in opening your account.



1

Company Name	Business Tax ID#	Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>
Accounts Payable Contact Person	Billing Contact Phone Number	Do you have other accounts with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address (to send invoices/statements)	Fax Number	If yes to above question, list account numbers:
City, State, Zip	How Long at Current Address?	Name of Healthcare Providers (List name as you would like it to appear on reports)
Billing Contact Email Address	Healthcare Provider #	

Completion of this form confirms my acceptance of the terms and conditions of:
CSS- 852 South Military Trail, Deerfield Beach, FL 33442

2

CREDIT CARD MUST BE PROVIDED FOR SECURITY PURPOSES. This card will not be billed unless monthly/per-sample billing is chosen below or your account falls delinquent** (beyond the agreed credit terms) CSS reserves the right to add a 1.5% monthly finance charge, plus collection fees, on all outstanding balances.

Amex – MC – Visa – Discover	Card Number	Expiration Date / 20
Bank ABA Number	Account Number	Account Name

- ☐ (CC per sample) Please charge the above credit card as test(s) arrive for processing at CSS Corp.
- ☐ (E-Check per sample) Please Debit my account with charges as test(s) arrive for processing at CSS Corp.
- ☐ (Check Enclosed per sample) I will enclose a check with each test for processing at CSS Corp.

***Patient Pay Direct: - Please complete reverse side.

3

Phlebotomy (blood draw) required for Alcat Testing – Please check one of the following boxes below:

- ☐ Our practice will provide required blood draws or use a local laboratory.
- ☐ We would like CSS to arrange phlebotomy for us (\$50 per draw) – Mobile/Walk In- Available Nationwide.
- ☐ Both

4

Authorization to consult for post results review– Please check one of the following boxes below:

- ☐ **Blanket Authorization** - All of my patients who order the CSS Testing can consult with a CSS nutritional counselor regarding their CSS Test Results for 1 FREE ½ hour consultation.
- ☐ **Individual Patient Authorization** - I want to give individual authorization for my patients to consult with a CSS Nutritional counselor regarding their CSS Test Results for 1 FREE ½ hour consultation.
- ☐ **No** - I do not want my patients to receive nutritional counseling from CSS's Nutrition Department.

5

We certify that all the information on this form is correct. We fully understand your terms and agree to the proper payment in consideration of extended credit. An account will be considered delinquent if payment is not rendered in accordance with the terms selected on this form. In such cases, the lab reserves the right to send test reports to the concerned account on a COD basis, within our published results turnaround time. The lab will make a reasonable attempt to contact the account holder in advance of sending back the COD report(s). An administrative fee of not less than \$25.00 may be assessed if the COD is returned. The lab also reserves the right to reject samples from a delinquent account; however, every reasonable attempt will be made by our customer service staff to resolve any delinquency. I authorize a charge to the credit card as stipulated above.

Signature	Print Name
Title	Date

610-003 REV I

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Business Information

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Billing Address (to send invoices/statements)	Fax Number	If yes to above question, list account numbers:
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Patient Pay Direct Instructions – Please follow the following guidelines when sending specimen to CSS lab:

- ☐ **Option 1 Patient pays direct to CSS (A check or credit card MUST be submitted with specimen.)**
- ☐ **Option 2 CSS can ONLY file out of network Insurance; we do not file Medicare, Medicaid, Tricare, Aetna, Federal Employee Programs (FEP) and HMOs.** If patient requires CSS lab to file insurance the following **MUST** be included with sample:
 - A completed front and back requisition form authorizing CSS to bill insurance.
 - 20% copayment of List Price.
 - Front and back of Insurance card.
 - ICD9/10 Codes.

Authorization to Release Test Results – CSS Reserves the right to send test results directly to the patient on C.O.D. I request and authorize CSS to release the results of Alcat Test to patient directly if no payment was received with specimen. Please check one:

- ☐ Yes
- ☐ No

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