

*Completed forms can be sent to:
E-mail: info@meridianvalleylab.com
Fax: 206.209.4211*



OFFICE USE ONLY:

Acct # _____

Account Registration

Last Name	First Name	MI	Accreditation
-----------	------------	----	---------------

Medical License Number Nutritional Endocrinology Practitioner Trainee (Dr. Ritamarie Loscalzo)
Specialty

Clinic Name

Street Address

City _____ *State* _____ *Postal Code* _____

Telephone Number _____ *Fax Number* _____

E-mail roberto.silva@uol.com.br

Shipping Address (if different from above)

Billing Method (*Please choose your preferred payment terms*)

PATIENT PREPAY

BILL DOCTOR - TAX ID #

I request Meridian Valley Lab to keep my credit card on file and automatically charge my credit card.

Card #:

Security Code: **Expiration Date:**

Name on Card:

BILL CLINIC –CLINIC TAX ID #_____

Clinic Owner Signature

Clinic Owner Printed Name

I certify that I meet all state/province license requirements and I am authorized to order laboratory testing. I agree to the above terms and conditions and have full authorization for all information.

Signature

Date

Meridian Valley Lab

6839 Fort Dent Way Ste. 206, Tukwila, WA 98188
Tel 206.209.4200 • Toll-Free 855.405.TEST (8378) • Fax 206.209.4211
info@meridianvalleylab.com • MeridianValleyLab.com



Billing Method: Terms & Conditions

Meridian Valley Lab is neither an insurance provider nor a Medicare participating provider. Patients cannot submit claims to Medicare. Patients may submit to supplemental insurance companies. Therefore, in order to process the account, billing status needs to be established.

Meridian Valley Laboratory is not licensed in the state of New York; therefore we cannot ship anything to the state of New York.

To order 24-hr urine hormone testing you need a license in one of the following: MD, ND, DO, DC, or NP.

Account holder must choose one of the following billing methods to activate their Meridian Valley Lab account:

PATIENT PREPAY –Payment must be enclosed with the specimen. Payment can be submitted via credit card, money order, or check. If payment is not received with the specimen, patient will be contacted for payment and the results will not be released until arrangements have been made with our accounting department.

BILL DOCTOR – This option allows for payment to be made from statements. Payment need not be sent with specimen. If paying from invoices, monthly statements will be mailed to use in reconciling invoices. Terms are net 30. Payments can be made by check, money order, or credit card. Physician is responsible and liable for all account balances. If account balance becomes overdue past 60 days or over \$10,000, Meridian Valley Lab reserves the right to hold all results until the account is brought current.

BILL CLINIC – This option allows for payment to be made from statements. Payment need not be sent with specimen. If paying from invoices, monthly statements will be mailed to use in reconciling invoices. Terms are net 30. Payments can be made by check, money order, or credit card. Clinic is responsible and liable for all account balances. If account balance becomes overdue past 60 days or over \$10,000, Meridian Valley Lab reserves the right to hold all results until the account is brought current.

The above terms and conditions can be viewed online at MeridianValleyLab.com/billing-terms-and-conditions