



OFFICE USE ONLY:

Acct # \_\_\_\_\_

### Account Registration

Last Name		First Name	MI	Accreditation
Medical License #		Specialty		
Clinic Name				
Street Address				
City/Town		State	Postal Code	
Telephone Number		Fax Number		
E-mail				
Shipping Address (if different from above)				

### Billing Method *(see reverse for details)*

<input type="checkbox"/> PATIENT PREPAY	
<input type="checkbox"/> BILL DOCTOR	TAX ID # _____
<input type="checkbox"/> BILL CLINIC	CLINIC TAX ID # _____
_____ Clinic Owner Signature	
_____ Clinic Owner Printed Name	

### Credit Card Authorization

<input type="checkbox"/> I request MVL to keep the following credit card on file and automatically charge account balances to my credit card.
Card #: _____
Security Code: _____ Expiration Date: _____
Name on Card: _____
Cardholder Signature: _____

*I certify that I meet all state/province license requirements and that I am authorized to order laboratory testing in my state/province. I certify that all of the above information is correct and have permission from all parties involved to activate my account with Meridian Valley Lab.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## 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.

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-method](https://MeridianValleyLab.com/billing-method)**