EXPRESS MEDICAL EXPERTS

Todays date:_____ Effective Date:_____

FACILITY INFORMATION

Name:		
Address:		
City:	State:	ZipCode:
Contact Name:		
Contact Email:		
Phone:	Ext.( )	Fax:

BILLING INFORMATION

	BILL TYPE: Patient ☐	3rd Party ☐
Ordering Physician:		
NPI:	License #:	

LOGISTICS

	Office Hours	Pick Up Times	Daily Pick up Start Date:
Monday	9 - 5 pm	2 - 4pm	Specimer Box ☐ Inside Office ☐
Tuesday	9 - 5 pm	2 - 4pm	
Wednesday	9 - 5 pm	2 - 4pm	Contact Person:
Thursday	9 - 5 pm	2 - 4pm	Specific Pick up Dates:
Friday	9 - 3 pm	12 - 1pm	Specific Pick up Time:
Results Delivery Method : Fax ☐		Courier Delivery ☐	Client Portal ☐
Contact Name:		Email:	

ADDITIONAL PAYOR INFORMATION

Ordering Physician:	NPI:
Ordering Physician:	NPI:
Ordering Physician:	NPI:

CLIENT SUPPLIES

Starter Kit ☐ Supplies Requsition Order Form ☐

Please forward all Client Supply Requests to the Client Supply Department: ***info@expressmedexperts.com***

or fax to 904-683-5338

Compliance Statement: In accordance with applicable laws, Express Medical Experts LLC, may provide only those supplies directly related to collect, preserve, and transport specimens in quantities proportionate with the number and type of specimen received. (Supplies are allocated to clients based on average specimens received) The supply system will not allocate supplies based on past specimen volume history for 2 to 3 months until.