

### Contact Information

Contact Name	Contact Phone	Contact Email
Today's Date	Preferred Start Date	Days and time available for contact

### **Organization Information**

Account Name (Doing Busin	Legal Name (if different from account name)			
Address (include Suite #)	City	State	Zip	
Business Phone SECURE fax for results		Specialty	Facility Type	
Laboratory Affiliation Physician Owned?		Office Notes:		

## Do you have multiple locations that send to or wish to send to Spectrum Health Laboratory? Do you have multiple locations that send to or wish to send to Spectrum Health Laboratory?

**IF YES:** Please list office names and address below. An additional Client Information Worksheet **must** be filled out <u>for each</u> <u>new</u> location that wishes to send specimens to Spectrum Health Laboratory. If a location listed already has a Spectrum Health account, you do not need to fill out additional worksheets.

Account Name(s) (DBA)	Address

## **Operations: Calling Critical Lab Values**

The following information is needed for our Laboratory Call Center. They will need these phone numbers to call **critical lab values**. Critical Lab Values are called within 30 minutes of verification of test result. This is an accreditation requirement. If you do not have a back line or if your after-hours critical phone number is the same as your business phone, disregard this section. We must have one 24/7 contact for critical lab values. We cannot accommodate physician schedule lists. These phone numbers will not be used for any calls besides critical lab values.

Back Line Phone	After Hours Critical Ph.	Critical Phone. Instructions (afterhours, dr. cell, answering service etc.)

## **Operations: Courier Services**

If your location needs courier services, please fill out the following. If not needed, please disregard this section. On Call Courier – Your staff will need to call for pick-up

Routine Courier – Your staff will only need to call for STAT pick-ups. All routine specimens will be picked up in the office or via lockbox. Courier Services may discontinue routine pick up if there are not enough pick-ups throughout the week.

Hours of Office Operations	Unlocked Building Hours		Pick up	Best Pickup Times (NOT ACTUAL)
			□ On call □ Routine	
Supplies needed		Lockbox Type	Courier Note	es:
Fill out supply req send with this for	orm	<ul><li>Floor Model</li><li>Hanging Model</li></ul>		

# **Office Contacts**

Please let us know if any contacts in the office would like to receive a once a monthly summary of all items posted in the Spectrum Health Laboratory News Blog by checking the Yes box. This blog features information regarding new testing, testing updates, lab updates, test utilization and discontinued test information.

Office Manager Name	Phone	Email	Lab news
			□ Yes
Clinical Supervisor Contact	Phone	Email	Lab news
			□ Yes
Laboratory Contact	Phone	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			□ Yes
Physician Name	NPI	Email	Lab news
			🗆 Yes

Extra physicians or contacts can be listed on a separate page. You may be asked to fill out a separate worksheet for physician information to be given to our Medical Staff and Credentialing Verification Office later.

Please send completed worksheet to <u>laboratoryservices@spectrumhealth.org</u>. A Spectrum Health Laboratory Account Manager will contact you within 3-5 business days.

## Spectrum Health Laboratory Use Only Beyond this Point – Lab Account Manager to fill out with client

## Billing

Lab Account Manager: If client billing is needed, please complete the following with the client. Billing address is not needed if it is the same as organization information above. A Billing Contact is required for client billing. \*\*\*Lakeland cannot accommodate client billing at this time. Direct interested clients to Joe Brown.

<b>D</b> '''		<b>T E</b> (0)		( NI - 16 II		1 \	
Bill type	Default (only one)	Tax Exempt?	BIII I O (A	ccount Name if di	fferent from	above)	
<ul> <li>Bill patient</li> <li>Bill office</li> </ul>	<ul> <li>Bill patient</li> <li>Bill office</li> </ul>	□ Yes □ No					
Address (inclue	de Suite #) If differer	nt from Account A	Address	City		State	Zip
Billing Contact	Name	Billing Contac	ct Phone	Billing Contact	Email		
Fee Schedule				What Labs will	they send s	specimens	to?
□ SHGR □ SHGR A □ SHGR B □ SHGR C	<ul> <li>SHGR D</li> <li>Regional</li> <li>Regional A</li> <li>Regional C</li> </ul>		)HS al Client : (use notes)	□ SHRL □ SHBR □ SHGM	□ SHI □ SHI □ SHI	_H	<ul> <li>□ SHRC</li> <li>□ SHUN</li> <li>□ SHZH</li> <li>□ Lakeland***</li> </ul>
Receive Statement via (only choose one)		Billing Notes:					
<ul><li>□ Email:</li><li>□ Mail</li></ul>				-			

### Contract needed? $\Box$ Yes $\Box$ No

A contract is needed for client billing, loaning of equipment (ex. Centrifuge or printer) or if Spectrum is providing collection

Physician Owned?   Will this benefit the physician or a family member directly?			
Type of Contract		Business Terms (i.e. centrifuge, label )	printer, etc.):
☐ Standard Lab Service Agreement ☐ Other:	□ Legal Blood Draw □ List Price Agreemen	t	
Legal Contact	Phone	Email	
Contract Noticee	Phone	Email	Туре
			🗆 Billing 🗆 Legal
Contract Noticee	Phone	Email	Туре
			🗆 Billing 🗆 Legal
Contract Noticee	Phone	Email	Туре
			🗆 Billing 🗆 Legal
Contract Notes:			

#### **Technology and Information Services**

Results Delivery (fax/electronic)	EMR Vendor Name	Interface Wanted?	Epic Community Connect?
		□ Yes	
		🗆 No	
Epic Care Link Wanted?	IS Notes:		

### **Misc Information**

Lockbox Actual Location	Inside Specimen Pick Up Actual Location
Additional Supply Notes	Specimen types collecting in office?