ENCOMPASS DIAGNOSTICS

P: (469) 694-7711
F: (469) 694-7711
www.encompassdiagnostics.com
Lab Director: Doctor Daniel Sappington
CLIA ID# 45D2282777
NPI: 1962190819

New Client Information

Please complete and email to: support@encompassdiagnostics.com

Facility Information

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Date of Registration: _____

Sample Type: UTI | RESP | WOUND | NAIL | WH

Specialty: _____

Ordering : ☐ CWP (Online Portal) ☐ Requisition Forms

Account Preferences

Report Delivery Method: (must choose one) *additional paperwork required

☐ CWP (Online Portal) ☐ Fax ☐ Email

If selecting online Portal, designate your Client Web Portal user(s). (Select the checkbox to receive email notifications when a lab report is ready)

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

S	M	T	W	TH	F	SA	
AM ☐	AM ☐	AM ☐	AM ☐	AM ☐	AM ☐	AM ☐	☐ **FedEx**
PM ☐	PM ☐	PM ☐	PM ☐	PM ☐	PM ☐	PM ☐	Logistics Contact: (first and last name) Phone Number:

Additional Account Information

Estimated Payor Mix:	**ID Monthly Sample Volume:**
Medicare: _____ %	**Estimated Start Date:** _____
Medicaid: _____ %	**Initial Supplies Delivered To:** ☐ Rep ☐ Account
Private: _____ %	**Infectious Disease Kits Requested:** _____
Self-Pay: _____ %	☐ UTM ☐ Vacutubes

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Test Orders: Provider Signature Log, E-Signature, and Equipment Authorization

As a provider, I acknowledge that I am authorized to order laboratory tests. I understand that Encompass Diagnostics requires each lab requisition or order submitted to be signed by a provider and that each signature must be a legible, handwritten, full signature with credentials, handwritten initials, or electronic signature. Stamped signatures are not acceptable. Documentation with initials or illegible signatures must include a signature log with a typed or printed name, credentials and a sample of the signature and initials.

Additionally, I acknowledge and authorize that my signature below may be used by Encompass Diagnostics as my electronic signature for electronic test orders through the Client Web Portal or other electronic ordering platform such as electronic medical records, as necessary, for all future orders and any previous orders. Further, to the extent that any paper requisition/test orders are or were submitted without the required legible, handwritten, full signature with credentials, I authorize the past, present, and future reliance on and use of my signature below to support Encompass Diagnostics performing the tests listed on these requisitions/orders.

By way of my signature below, I acknowledge receipt of equipment and accessories provided by Encompass Diagnostics. I understand and agree that the equipment and accessories provided shall be utilized by the Practice solely and exclusively in connection with Encompass Diagnostics laboratory testing and services only. Additionally, I also understand and agree that the equipment and accessories shall be kept and used at the location assigned by Encompass Diagnostics and will not be transferred, moved to, or utilized by another location.

I understand any electronic equipment provided may require appropriate safeguards, and I agree to implement such administrative, physical, or technical safeguards, as necessary, to comply with HIPAA and HITECH. I further agree to immediately notify Encompass Diagnostics of any loss, theft, or damage to any equipment or accessories issued by Encompass Diagnostics by contacting Customer Encompass at 469-694-7711 or support@encompassdiagnostics.com.

I also acknowledge that Encompass Diagnostics shall retain ownership of the equipment and accessories at all times. I agree to exercise due care with respect to the use of the equipment and accessories and will use best efforts to safeguard the equipment and accessories from damage, destruction, or misuse. I understand the electronic equipment, along with all original accessories, components, and attachments, shall be returned in good operating condition.

Electronic signatures for test ordering

Clinician Signature:

Clinician Name: _____ Date: _____

Clinician NPI: _____ Clinician email: _____

Clinician Signature:

Clinician Name: _____ Date: _____

Clinician NPI: _____ Clinician email: _____