

# MEDTRAK DIAGNOSTICS, INC.

or it's Affiliated Billing Agents

## CLIENT APPLICATION

FILL OUT SECTIONS 1, 2, 3 AND CREDIT OR ACH INFO, SIGN HIPAA AND FAX TO 718-228-7797

CONTACT JOSEPH (TECH SUPPORT) AT 718-926-2557 AFTER APPLICATION IS FAXED

1. UNIT PURCHASED FROM		SALESPERSON		REPORTS	DAYS
2. CLIENT INFORMATION					
Doctor's Name			Company Name		
Address		City	State	Zip	
Email		Phone	Fax		
3. CONTACT INFORMATION (Office Manager or person responsible for faxing & printing reports.)					
Contact Name		Contact Phone		Extension	
4. CREDIT CARD AUTHORIZATION (Billing address must match credit card billing address)					
Card Holder Name (As it appears on card)		Credit Card Number		Expiration Date	
				Month	Year
Credit Card Billing Address		City	State	Zip	CVC #
Credit Card Type					
VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	AMERICAN EXPRESS	<input type="checkbox"/>
				DISCOVER	<input type="checkbox"/>
I am the authorized account signer and I hereby authorize Medtrak or it's billing agent to charge my orders to this credit card.					
_____			_____		
CARD HOLDER SIGNATURE			DATE		
5. ACH DEBIT AUTHORIZATION					
Name of Bank		Type of Account			
		Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Bank Address		City	State	Zip	
Account Name		Account Number	Routing Number (9 Digits)		
I agree that this authorization will remain in effect until I provide written notification terminating this service.					
_____			_____		
AUTHORIZED SIGNATURE			DATE		
6. FEES					
The following fees apply for report services:		\$345.00 for each automated report			
The method of payment you have chosen above will be debited from your account by Medtrak Diagnostic Inc. or it's billing agent.					
If you have any questions regarding report services or billing questions please contact us at 718-926-2557.					

By signing above all practitioners or clients agree that they are solely responsible for appropriately ordering each test. Medtrak Diagnostics Inc. and Dr. Richard Newman and their representatives and affiliates are independent entities and shall not be construed as employees or any sort of affiliate of the client. The name of the interpreting physician may be used as such but the procedures may NOT be billed using the interpreting physician name (i.e. insurance claim form 1500, box 31-33). Signatures above or below apply to the HIPAA Business Associate Agreement. (See our site).

\_\_\_\_\_  
HIPAA BUSINESS ASSOCIATE AGREEMENT SIGNATURE

MDX 08/18