PONYA DIAGNOSTICS
CLARITY THROUGH SCIENCE

CLIENT ONBOARDING FORM

START DATE REQUEST: _____

ACCOUNT INFORMATION

ACCOUNT NAME:	CONTACT NAME:
PHONE:	CONTACT TITLE:
FAX:	CONTACT PHONE:
ADDRESS:	CONTACT EMAIL:
	LUX REP:

PANELS ORDERED & EST. MONTHLY VOLUME

- ☐ Molecular STI Panel
- ☐ Molecular UTI Panel
- ☐ Molecular UTM Panel
- ☐ Molecular UA w/ PCR+ABX+AST
- ☐ Molecular Vaginitis Panel
- ☐ Molecular Wound Panel
- ☐ Molecular Fungal Panel
- ☐ Respiratory Pathogen Panel
- ☐ Comprehensive Blood Panels
- ☐ Comprehensive PGx Panel
- ☐ Urine Toxicology
- ☐ Oral Toxicology
- ☐ D/L Isomer
- ☐ LUXGuard™ (DNAA)
- ☐ Other Testing Requests:
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

BILLING TYPE

- ☐ Insurance
- ☐ Client Bill (Approval Required)
- ☐ Patient

REPORTING PREFERENCE

- ☐ Fax to Practice
- ☐ Email to Practice
- ☐ Email to Provider
- ☐ EMR Integration REQUEST

SHIPPING INFORMATION

- ☐ Courier Pick-up (Georgia Only)
- ☐ Courier Pick Up Time:

_____

- ☐ FedEx Shipping
- ☐ UPS Shipping
- ☐ Saturday Deliver
- ☐ Delta Dash (For large volume)

CRITICAL CONTACT INFORMATION

CONTACT NAME:	EMAIL:
PHONE:	NOTES:

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PHYSICIAN AUTHORIZATION FORM

PORTAL ACESS: INDIVIDUALS AUTHORIZED TO ELECTRONICALLY ACCESS PORTAL AND ORDER TESTS	
NAME:	**EMAIL:**
NAME:	**EMAIL:**
NAME:	**EMAIL:**
NAME:	**EMAIL:**
NAME:	**EMAIL:**

PHYSICIAN SIGNATURE RECORD

PLEASE INCLUDE ALL PROVIDERS WHO ARE AUTHORIZED TO ORDER LAB TESTING. THE INDIVIDUAL LISTED BELOW ARE AUTHORIZED TO SIGN PATIENT TEST REQUISITIONS, LIMITED TO MD, DO, PA OR APRN (CNP). RNS ARE NOT ALLOWED TO ORDER OR SIGN FOR LAB TESTING WITHOUT PHYSICIAN;S AUTHORIZATION (SEE ABOVE.)

LAST NAME	FIRST NAME	NPI#	SIGNATURE	DATE

I UNDERSTAND AND HEREBY ACKNOWLEDGE THAT I WILL ONLY ORDER TESTS THAT I BELIEVE TO BE MEDICALLY NECESSARY TO ENSURE PATIENT COMPLIANCE WITH THE THERAPY THAT I HAVE PRESCRIBED.