NEXTGEN MEDICAL TESTING, LLC

NEW COMPANY ACCOUNT SETUP & BILLING PROFILE

15264 W. Club Deluxe Rd., Hammond, LA 70403
Phone: (985) 662-2248 | **Website:** www.nextgenmedicaltestingllc.com
Locally Owned & Operated | Trusted Professional Testing & Collection Services

COMPANY INFORMATION

Company / Legal Name: _____ DBA: _____

Physical Address: _____ City / State / ZIP: _____

Mailing Address (if different): _____ Website: _____

Main Office: _____ Ext: _____ Direct: _____ Fax: _____

General Email: _____ Hours of Operation: _____

PRIMARY CONTACT | DER / TESTING CONTACT | ACCOUNTS PAYABLE

PRIMARY / HEAD CONTACT

Name: _____

Title: _____

Phone: _____

Email: _____

DER / TESTING CONTACT

Name: _____

Title: _____

Direct / Mobile: _____

Email: _____

ACCOUNTS PAYABLE

Name: _____

Phone: _____

AP Email: _____

PO Required? [ ] Yes [ ] No

BILLING & PAYMENT PREFERENCES

Who pays? [ ] Company Account [ ] Employee / Patient

Payment Method [ ] ACH [ ] Credit / Debit Card on File [ ] Check [ ] PO [ ] Other: _____

Invoice Schedule [ ] After Each Service [ ] Weekly [ ] Twice Monthly [ ] Monthly

[ ] Monthly Excel Employee/Test Summary + Individual Invoices

Billing Email: _____ Preferred Billing Date: _____ Payment Terms: _____

TESTING & SERVICE PROFILE

[ ] DOT Urine	[ ] Non-DOT Lab-Confirmed Urine	[ ] Instant Urine
[ ] DOT Breath Alcohol	[ ] Non-DOT Breath Alcohol	[ ] Observed Collection
[ ] Pre-Employment	[ ] Random	[ ] Post-Accident
[ ] Reasonable Suspicion / Cause	[ ] Return-to-Duty / Follow-Up	[ ] Mobile / On-Site
[ ] Background Screening	[ ] DNA / Relationship Testing	[ ] Other: _____

Estimated Employees: _____ **Testing Volume** [ ] Occasional [ ] Weekly [ ] Monthly [ ] Seasonal

DOT Regulated? [ ] Yes [ ] No **Agency** [ ] FMCSA [ ] FAA [ ] FRA [ ] FTA [ ] PHMSA [ ] USCG

RESULTS, CONTACT & TESTING INSTRUCTIONS

Who should receive test results/reports? [ ] DER listed above [ ] Primary Contact listed above [ ] Other: _____

If other, Email: _____ Preferred Contact: [ ] Call [ ] Text [ ] Email

Mobile / On-Site Testing Needed? [ ] Yes [ ] No 24/7 Post-Accident Support Needed? [ ] Yes [ ] No

Primary Worksite / Mobile Location(s): _____

After-Hours Contact & Phone: _____ Company Testing / Special Instructions: _____

ACCOUNT AUTHORIZATION

I confirm that I am authorized to provide this information and request establishment of a company account with NextGen Medical Testing, LLC. Billing arrangements and account terms are subject to approval.

Authorized Name: _____ Title: _____ Signature: _____ Date: _____