NCF | Diagnostics & DNA Technologies
12076 Technology Avenue, Alachua, FL 32615
Phone: (352) 375-5553 | Fax: (877) 972-4494

Date: ___/____/_____
(MM/DD/YYYY)
Identification Number:_____
(Assigned by Administration)

Account Integration Form

Prior to sending **any** samples, this form must be completed in its entirety. Please ensure that all handwriting is legible, and all fields marked with an asterisk are complete. Failure to do so will delay processing.

Facility Information

*Facility Name		*Primary Fax Number:
*Address		
*City, State, Zip		*Secondary Fax Number:
*Shipping Address ☐ Same as mailing		

*Type of Establishment

☐ Physician Practice ☐ Home Health ☐ Skilled Nursing Facility
☐ Assisted Living Facility ☐ Hospice ☐ Hospital
☐ Other:_____

*Hours of Operation

S M T W TH F S
_____ AM - _____PM
◯ 24 Hours

Provider Information

Please include the full names and NPI numbers for **all** health care providers. The **first line** marked "Yes" is reserved for the **primary point of contact** for the establishment's **Patient Portal**. Once added, this person will acquire administrative page rights, meaning they can edit their establishment's account and back-user information. *Please select wisely.*

*Full Name & Middle Initial	*Title	* Email	*NPI Number	*Portal Access
				Yes
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

Please select the preferred method of result notification*

Result Notification

☐ Secured Web Portal ☐ HIPAA Compliant Fax ☐ Both options

Test Supplies

*Each starter kit will contain the selected testing kit and a folder containing a welcome letter, blank Comprehensive Requisitions , FedEx pickup instructions, Patient Tracker forms, and a selected amount of M-F FedEx Delivery Packs. Additional/personalized FedEx packs and requisitions are available upon request.

Infectious Diseases

☐ AcnePath™ ☐ GastroPath™ ☐ SinoPath™
☐ RespiraPath™ ☐ UriPath™ ☐ WormPath™
☐ WoundPath™ ☐ NailPath™ ☐ NeuroPath™

Hereditary Cancer Testing

☐ Cancer Risk Assessment

Other Testing

☐ Pharmacogenomics
☐ Hereditary Disease Risk

Ancillary Items

☐ Toilet Hat ☐ Sterile Cup ☐ Tissue Cup
☐ M-F UPS Priority Overnight Bags ☐ M-F UPS Ground Bags ☐ Sat. Delivery UPS Bags ☐ Sat. Delivery FedEx Bags

***Marketer's Name:**_____
***Email:**_____
Phone:_____
***Group Name:** _____

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Be advised that it is the facility's responsibility to notify our office if an employee is no longer with their practice.

Point of Contacts

Please include the point of contact for the following fields.

*Office Manager

Name	Telephone w/ Ext.	Email	*Portal Access
			Y / N

*Medical Records/Billing

Name	Job Title	Telephone w/ Ext.	Email	Fax Number
Name	Job Title	Telephone w/ Ext.	Email	Fax Number

Please Read Carefully: If our lab receives a patient's sample that is missing information on either the sampling vessel or requisition, we will reach out to the practice to inform them of such omissions, as we are unable to process the order without specific identifiers. Please fill out the following information to let us know whom to contact for omitted information.

*Missing Information

Name	Telephone w/ Ext.	Email	*Portal Access
			Y / N

Additional Contacts

Name	Job Title	Telephone w/ Ext.	Email
Name	Job Title	Telephone w/ Ext.	Email
Name	Job Title	Telephone w/ Ext.	Email
Name	Job Title	Telephone w/ Ext.	Email

Special Requests

On the lines below, include any additional accommodation details that will allow us to better service your account. Please be advised, all requests will be taken into consideration, if we cannot fulfill a specific request for any reason, we will contact your office within 24 hours of admittance.

_____

_____

_____

Memorandum:

Once this form is complete, please forward a copy via secured fax to our administrative offices for review. We encourage all potential stakeholders to keep the original copy of your Account Establishment Form on file.

If any edits to this document are required, please contact our office at (352) 375-5553 and request to speak with our Customer Relations Department.

NCF | Diagnostics & DNA Technologies

Contact Information

If your office is no longer being serviced by a Marketer,
please contact our office immediately or send an email to businessaffairs@ncfdna.com.

Main Office

NCF Diagnostics & DNA Technologies
12076 Technology Avenue
Alachua, Florida 32615
M-F: 8am-6pm
Sunday: Closed | Saturday: 9am-5pm
Phone: (352) 375-5553 | **Fax:** (888) 972-4494
Website: www.ncfdna.com
Email: info@ncfdna.com

New Jersey Office

NCJ Diagnostics & DNA Technologies
4262 US Highway 1
Monmouth Junction, New Jersey 08852-1905
M-F: 8am-6pm
Sunday & Saturday: Closed
Phone: (866) 375-5554 | **Fax:** (732) 823-1053
Website: www.ncjdna.com
Email: info@ncjdna.com

Billing

P.O Box- 2459 Alachua, Florida 32616
M-F: 8am-6pm EST | 7am-5pm CST
Phone: (352) 375-5553 (*Option #1)*
Fax: (888) 972-4449
Email: patientbilling@ncfdna.com

***Marketer's Name:**_____
***Email:**_____
Phone:_____
***Group Name:** _____

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