RPRD Diagnostics, LLC
1225 Discovery Parkway, Ste 260B
Wauwatosa, WI 53226
(414) 316-3097
orders@rprdx.com
rprdx.com

Customer Onboarding Form

Complete the form and send it to orders@rprdx.com.

BUSINESS CONTACT INFORMATION			
Company Name:			
Primary Contact Name:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	Zip Code:
Tax ID / EIN:			
Corporation:	Partnership:	Limited Liability:	

BILLING INFORMATION (MARK ALL THAT APPLY)			
☐ **Institutional** Billing ☐ **Patient** Self-Pay (Skip to Send-Out Laboratory Information)			

INSTITUTIONAL BILLING			
Postal Address:			
City:		State:	Zip Code:
Phone:		Fax:	
Accounts Payable Contact:			
Accounts Payable Contact E-mail:			
Invoice E-mail:			

INSTITUTIONAL PAYMENT PREFERENCE (PLEASE INDICATE AND COMPLETE ONE OF THE FOLLOWING)		
☐ **Purchase Order**	PO Ref. (for invoicing):	
☐ **ACH**		
Bank Name:	Bank Contact:	
Type of Account:	ABA:	DDA:
☐ **Credit Card**	Card Type:	
Card #:	Name:	
Expiration:	Ref:	

SEND-OUT LABORATORY AND ADDITIONAL CONTACT INFORMATION	
Contact name:	Contact name:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

AGREEMENT

1. All institutional invoices are Net 30 days from the date of the invoice, unless otherwise noted.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. All invoices exceeding 30 days past due shall incur interest at 1.5% per month.

ONBOARDING AUTHORIZATION	
Signature:	Date:

I hereby certify that the information contained herein is complete and accurate. By submitting this application, I authorize RPRD Diagnostics LLC. to make inquiries into the banking and business trade references listed above, in order to determine the amount and conditions under which credit may be extended. Additionally, I authorize the financial institution to release the necessary information to RPRD Diagnostics in order to verify the information contained herein.

CLIA # 52D2126222

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Customer Onboarding Form (cont)

Complete the form and send it to orders@rprdx.com.

PROVIDER PORTAL	
Company Name:	
ROLES	
Provider Delegates accession patient orders, view patient records, retrieve results reports, and request the addition of new Providers in Ovation. Primary Provider Delegate approves the addition/deletion of Provider Delegates in Ovation. Provider, licensed individual authorized to order testing.	
PRIMARY PROVIDER DELEGATE	
Primary Provider Delegate:	
Phone:	E-mail:
Back-up Primary Provider Delegate:	
Phone:	E-mail:
ADDITIONAL PROVIDER DELEGATE CONTACTS	
Provider Delegate:	
Phone:	E-mail:
Provider Delegate:	
Phone:	E-mail:
Provider Delegate:	
Phone:	E-mail:
Provider Delegate:	
Phone:	E-mail:

PROVIDERS	
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
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Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:
Provider Name:	Provider NPI:

Please complete this form as many times as needed to include all relevant personnel.

CLIA # 52D2126222

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