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877-KIDZLAB (543-9522)

Facility Contract Set-up Form

Please fill out form completely.

*Indicates Required Fields

1. Billing Information

*Care Network Office Name: _____
*Mailing Address: _____
*City: _____ *State _____ *Zip Code: _____
*Accounts Payable Contact _____ *Phone _____
Fax _____ Email _____

2. Reporting Information

(Results delivery method)

*Care Network Office Name: _____
*Medical Director Name: _____
*Medical Director NPI #: _____
*Mailing Address: _____
*City: _____ *State _____ *Zip Code: _____
*Contact Name: _____ *Phone _____
*Fax: _____ Email: _____

3. FOR INTERNAL USE ONLY

Date Received _____
STAR Name: _____
STAR Contract Account Number: _____

Please email the completed form to:
PLMcontractregistration@chla.usc.edu