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877-KIDZLAB (543-9522)

Facility Account Set-up Form

Please fill out form completely.

*Indicates Required Fields

1. Billing Information- to be completed by accounts payable dept

*Hospital / Laboratory Name: _____

*Mailing Address: _____

*City: _____ *State _____ *Zip Code: _____

*Accounts Payable Contact _____ *Phone _____

*PO # _____

Fax _____

*Email _____

(Static emails only- for example: accountpayable@chla.org)

Please mark form of payment:

ACH (please provide ACH form to PLMFinanceOutreach@chla.usc.edu)

Check (Remit checks to address on invoice)

Credit Card (All charges will need to be done via phone- contact PLMFinanceOutreach@chla.usc.edu)

Other (please specify): _____

(Require pre-approval before contract can be established)

2. Reporting Information- only 1 secure fax is authorized

(Results delivery method)

*Hospital / Laboratory Name: _____

*Medical Director Name: _____

*Medical Director NPI #: _____

*Mailing Address: _____

*City: _____ *State _____ *Zip Code: _____

*Contact Name: _____ *Send Out Phone: _____

*Send Out 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 and
PLMFinanceOutreach@chla.usc.edu