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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](mailto:accountpayable@chla.org))

Please mark form of payment:

☐ ACH (please provide ACH form to [PLMFinanceOutreach@chla.usc.edu](mailto: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](mailto: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](mailto:PLMcontractregistration@chla.usc.edu) and  
[PLMFinanceOutreach@chla.usc.edu](mailto:PLMFinanceOutreach@chla.usc.edu)