



The Great Plains Laboratory, Inc.

William Shaw, Ph.D., Director

11813 West 77th Street, Lenexa, KS 66214

(913) 341-8949

New Client Form

Fax to: 913-324-5262

Practitioner Name:	Practitioner Credentials:
Clinic Name:	Office Contact Person:
Phone:	Fax:
Email:	Website:
Clinic Street Address:	
Clinic City, State & Zipcode:	
NPI:	Practice Emphasis:

HOW DID YOU HEAR ABOUT GPL?

Conference / Event: _____

Referred by Colleague: _____

Other (please list): _____

RESULTS REPORTING

- Send results to both Practitioner and patient (patients will receive results via email if provided)
- ONLY send results to Practitioner

How would you like to receive your results?

- Results Online - provide email to receive result notifications _____
- Mail Fax

RESULT CONSULTATIONS & PRICING

- I authorize The Great Plains Laboratory to: Consult Patients on Results: Yes No
- I authorize The Great Plains Laboratory to: Discuss Prices with Patients: Yes No

BILLING OPTIONS

Option 1: My patients will pay your laboratory directly.

Option 2: I authorize Great Plains Laboratory, Inc. to charge me for my patient's labs using the following credit card.

- Charge monthly Charge card as specimens come in

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp Date: _____

Name on Credit Card: _____

Signature: _____

I authorize The Great Plains Laboratory, Inc. to charge my credit or debit card for all tests performed by my patients.

Option 3: Send me a monthly statement for test(s) performed for my patients. I will make payment arrangements when I receive the bill by check, wire transfer, or credit card, when billed. (The initial line of credit is \$3000)

Contact Person: _____ Contact Phone/ext: _____

Contact Email: _____