



# Health Care Providers Laboratory, Inc.

14411 Palmrose Street,  
Baldwin Park, CA 91706

Phone: (626) 813-3800 Fax: (626) 337-2037



## Account Set-Up & Verification

Today's Date: \_\_\_\_\_ Begin Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

## Physician's Information

	Name	UPIN#	MEDICAL Provider #	NPI#
Physician (1)				
Physician (2)				
Physician (3)				
Physician (4)				
Medical #		Medicare #		

Pickup Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						
Time						

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_