

Completed forms can be sent to:  
 Email: [info@meridianvalleylab.com](mailto:info@meridianvalleylab.com)  
 Fax: 206-209-4211



<b>Office Use Only</b>
MVL Account ID#: _____

## Account Registration

### Primary Account Information

Primary Account Holder's Last Name		First Name	Middle Initial	Credential
State or Provincial Professional License/Certification # (Include copy of license/Certification)		Practice/Clinic Name		
Street Address				
City		State or Province	Zip Code or Postal Code	
Telephone Number ( )		FAX Number ( )		
E-mail		Shipping Address (if different from above)		
Billing Address (if different from above)		Referred to MVL by:		

### Additional Authorized Practitioners on Account

First Name	Last Name	MI	Accreditation	State/Provincial License/Registration #

### Administrative Contacts

Lab Contact	Telephone Number ( )	Ext	E-mail
Office Contact	Telephone Number ( )	Ext	E-mail
Billing Contact	Telephone Number ( )	Ext	E-mail
Shipping Contact	Telephone Number ( )	Ext	E-mail

### Results Reporting *How do you want to receive your results?*

<input type="checkbox"/> MAIL	<input type="checkbox"/> FAX ( )
<input type="checkbox"/> SECURE ONLINE PORTAL *E-MAIL ADDRESS FOR ONLINE PORTAL:	

Meridian Valley Lab  
 6839 Fort Dent Way Ste. 206, Tukwila, WA 98188  
 Tel 206.209.4200 · Toll-Free 855.405.TEST (8378) · Fax 206.209.4211  
[info@MeridianValleyLab.com](mailto:info@MeridianValleyLab.com)



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**Areas of Testing Interest:** (Check all that apply)

Food Sensitivity      Inhalant Allergy      Urine Hormones      Whole Blood Viscosity      Kraft Prediabetes

**Billing Method**

PATIENT PREPAY	By choosing "Patient Prepay," I or my patient will send payment in full with each test submission. If payment is not received, the patient will be contacted for payment and the results will not be released until paid in full. By choosing "Bill Practitioner," Charges will be billed to my account, and I agree to pay all outstanding balances in full within 30 days of the statement date. I understand that all accounts are subject to credit review with approval, that credit limits may be established, and unpaid balances over 30 days are subjected to a monthly service charge of 1.5%. If an account balance becomes over 60 days past due, Meridian Valley Lab reserves the right to hold all results until the account is brought current.
BILL PRACTITIONER*  *(Select One)  CC On File      Credit Application	

**Credit Card Authorization**

If you have chosen "Bill Practitioner", a credit card is required to be kept on file. Our billing department will reach out to receive this information from you by phone or secure email link. Please choose below how you would like to be contacted:

Please contact me by phone

Please send me a secure email link.

*The undersigned hereby agrees to be responsible for payment and to comply with the terms listed above. Meridian Valley Lab is neither an insurance provider, nor a Medicare participating provider. **Patients cannot submit claims to Medicare** but may submit to supplemental insurance companies. Meridian Valley Lab is not licensed in the state of New York and cannot ship test kits or results to the State of New York.*

**I certify that I meet all state/provincial licensing/registration requirements and that I am authorized to order laboratory testing in my state/province. Please include a copy of your license/certificate to complete this registration.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**