

# Metamatrix New York Account Agreement

## Confidential Client Information

Clinician Name:	Degree:	Account #:	<b>OFFICE USE ONLY</b>
Specialty:			
Company Name:			
Company Type: (circle one) Corporation Partnership Solo Practice Individual Ltd. Other			
Address:			
City:	State:	Zip:	
Telephone: (     )	Fax: (     )		
E-Mail:			
NPI #:	Federal Tax ID #:	Professional Lic. #:	

### **Billing Information: (please read)**

- New York State prohibits the billing of doctors. Patients must pre-pay only. Acceptable payment methods are: MasterCard/Visa/American Express/Discover. Check or money order payable to Metamatrix.
- Metamatrix does not bill patients or file any medical claims with private insurance, Medicaid or Workers Compensation.
- A receipt for payment will be provided to the patient. Please check our Fee Schedule for pricing.

I understand that the Metamatrix Application Specialists' role is to inform healthcare professionals of potential applications of test results and not to make specific recommendations of products or dosages for any specific patient.

I hereby confirm that I, \_\_\_\_\_, meet all state license requirements and have  
CLINICIAN'S NAME

authorization to order clinical laboratory testing.

Date: \_\_\_\_\_

NPI # 1427041888



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