



INSTITUTIONAL BILLING FORM

Institutional accounts may be established for CombiMatrix Diagnostics (CMDX). Please complete this form and fax to Client Services at 949-753-4725. Upon arrival, you will be assigned an account ID and itemized monthly invoicing will be established.

Please include the assigned account ID on specimen requisition form to ensure accurate billing, and initiate sample processing. The fields below are required information to establish this account.

Institution Information

Institution Name: _____

Department or Division: _____

Physician Information

Physicians who will be using this account (Please print name):

1) _____ 3) _____

2) _____ 4) _____

Contact Information

Contact Name: _____

Phone: _____ Fax: _____

Email Address: _____

Billing Information (For mailing invoices)

Billing Address: _____

City, State, and Zip: _____

Attention: _____ Email: _____

Signature

Signature Print Name Date

CMDX Use Only

Institution Account ID*: _____

*Assigned by CMDX

Please fax this completed form back to Client Services @ (949) 753-4725

