

HealthEast Medical Laboratory

Client Contact Information Form

"We Need Your Help Updating Your Facility Information"

Please Take a Moment to fill out the information listed below, with your MOST CURRENT contact information.
(Some may not apply to your facility).

Facility Full Name:

Main Facility Phone Number:

Collection Center # (from lab requisition) _ _ _ _ _

Administrator/Clinical Administrator:

Direct Phone Number:

Email:

Director of Nursing/Health and Wellness Director :

Direct Phone Number:

Email:

Assistant Director of Nursing:

Direct Phone Number:

Email:

Nursing/Facility Manager:

Direct Phone Number:

Email:

Health Unit Coordinator(s):

Direct Phone Number:

Email:

Billing Office Manager:

Census Reports/Resident Validation/ Face Sheets and/or Insurance:

Phone:

Fax:

Email:

Who do we contact for missing billing information and do you prefer to be contacted by **Phone or Fax?**
(Please fill in PHONE or FAX preference below)

NAME:

PHONE:

FAX:

New Ordering Providers (MD,PA,NP) to facility (Full name and NPI#):

**Please Fax completed form to Linda Wagener
Fax @ 651-326-9330**

