



ACCOUNT INFORMATION

Email To: CRYSTAL.BECERRIL@ALCALALABS.COM

Please note if there are multiple locations, list below in the address and Office contact area

1. Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

2. Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

OFFICE CONTACTS

Physician(s): _____ NPI# _____

_____ NPI# _____

_____ NPI# _____

Office Contact: _____ Portal Email: _____

Office Contact: _____ Portal Email: _____

****DISCLAIMER: Alcala Labs will be unable to process the specimen if the email is not legible. First and Last name must be included. Please also note the contact email is the person/persons responsible for downloading patient results and distributing to the Physicians****



Practice/Patient Information

Number of patients monthly: _____ Number of Medicaid: _____

Number of cash pay: _____ Number of Medicare: _____

Number of Commercial: _____

Ancillary Services and Volume

- Annual Wellness
- Toxicology
- PGX
- CleanAssure
- Other _____