mng lab medical neurogenetics
Neurogenetics Redefined

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INSTITUTIONAL BILLING & PAYMENT OPTIONS FORM

Institutional accounts may be established for referring Hospitals, Reference Labs, Clinics, and Physicians. Please complete this form and email or fax to our billing dept. at 678-597-5653 prior to sending samples. Once your account has been established, please provide complete billing information on requisition forms to ensure accurate billing and prompt initiation of testing.

Please contact our Billing Department with any questions by phone or email: 678-225-0222 x100; billinginformation@mnglab.com

INSTITUTION INFORMATION	
Institution Name:	
Department/Division:	
Authorized Agent:	
Email:	
Phone:	Fax:
Signature:	Date (MM/DD/YY):
Billing Address:	
City, State, Zip:	

INTERNATIONAL CLIENTS MUST PREPAY INDIVIDUAL SAMPLES OR ESTABLISH A HIGH VOLUME ACCOUNT WITH A MONTHLY CREDIT CARD / WIRE TRANSFER PAYMENT OPTION. THE ACCOUNT IS APPROVED WHEN THE CREDIT CARD INFORMATION IS VALIDATED. AN EMAIL ADDRESS IS REQUIRED TO ESTABLISH AN INSTITUTIONAL ACCOUNT.

PAYMENT OPTIONS

❒ **Credit Card** (please circle one): MasterCard Visa

Valid Card #: _____ Security Code: _____

Card Holder Name: _____ Exp. Date (MM/YY): _____

Billing Address: _____ City, State, Zip: _____

Card Holder Signature: _____

By signing below you acknowledge that you are authorized to bind your institution or facility to the above mentioned terms.

Signature: _____ Date: _____

Title: _____

❒ **Check / Money Order Payable to:** **Medical Neurogenetics, LLC**
5424 Glenridge Drive, NE
Atlanta, GA 30342

❒ **Wire Transfer:** Please contact our Billing Department by phone or email to arrange wire transfer of funds: 678-225-0222 x100; billinginformation@mnglab.com