

# BAYLOR MIRACA GENETICS LABORATORIES

PHONE: 800-411-GENE | FAX: 713-798-2787 | www.bmgl.com

FAX:	713-798-4187
E-mail:	kstafford@bmgl.com
Mailing Address:	P.O. BOX 847228 Dallas, TX 75284-7228
Billing Questions:	713-798-5849

## INSTITUTIONAL AGREEMENT FORM

Institution accounts may be established for referring Clinics, Hospitals, Reference Labs, and/or Physicians. Please complete this form and e-mail or fax to our business office at 713-798-4187. Upon approval, you will be assigned an account ID and itemized monthly invoicing will be established. Please include the assigned account ID on specimen requisition forms to ensure accurate billing, and initiate sample processing. The fields below are required information.

### INSTITUTION INFORMATION

INSTITUTION NAME: \_\_\_\_\_

DEPARTMENT/DIVISION: \_\_\_\_\_

AUTHORIZED AGENT: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PAYMENT TERM: \_\_\_\_\_ NOTE: Any extension to the payment term requires a laboratory service agreement.

International clients must prepay individual samples, or establish a high volume institution account with a monthly credit card payment option. The account is approved when the credit card information is validated. An e-mail address is required to establish an institution account.

### PAYMENT OPTIONS

SELECT ONE:

CREDIT CARD (PLEASE SELECT ONE):  AMEX  DISCOVER  MC  VISA

VALID CARD #: \_\_\_\_\_ EXPIRATION DATE (MM/YY): \_\_\_\_\_ CVC CODE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

CARDHOLDER PRINTED NAME: \_\_\_\_\_ CARDHOLDER SIGNATURE: \_\_\_\_\_

CHECK/MONEY ORDER PAYABLE TO: Baylor Miraca Genetics Laboratories, LLC  
P.O. Box 847228  
Dallas, TX 75284-7228

WIRE TRANSFER

Institution Account ID (assigned by BMGL Business Office): \_\_\_\_\_