KASHI HEALTH

Delivering More Than a Test Result

ASHI No. 10-4-OR-03-1
CLIA No. 38D1058476

NEW PROVIDER REGISTRATION FORM

Practice Name					
MAILING / SHIPPING INFORMATION:					
Clinic Contact					
Street					
City		State		Zip	
Phone		Fax			
Email					
RESULTS REPORTING:					
Preferred method of report delivery:	☐ Secure reporting via Kashi web portal (5 – 10 minutes of training required)				
	☐ Fax				
	X Email	Best way			
BILLING: *(Optional for Provider billing only. Not required if patient is paying directly for testing)*					
Address	Street				
	City		State		Zip
Contact	Name				
	Phone		Fax		
	Email				
PRACTITIONER INORMATION:					
Practitioner Name			NPI #:		
Email:					
Practitioner Name			NPI #:		
Email:					

Practitioner Signature _____ Date: _____

Please fax this completed form to 503-206-6939 or email to original sender.

LABORATORY USE ONLY			
			Comments