

Thank you for your interest in the services we provide!

In order to obtain a TridentCare account number please provide the following:

Agency / Practice Name: _____
Agency / Practice NPI Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Main Phone #: _____
Main Fax #: _____

Administrator (Name / Email): _____
Clinical Manager (Name / Email): _____
Billing Manager (Name / Email): _____
Additional Contact (Name / Title / Email): _____

Practitioner's Name / NPI #: _____
Practitioner's Name / NPI #: _____
Practitioner's Name / NPI #: _____
Practitioner's Name / NPI #: _____

Would you like to receive a text or email alert for positive results? Yes / No (Circle One)
If yes, please indicate email or cell phone number below

*For texting option please include the phone carrier (Verizon, Sprint, etc.)

Name: _____ Email: _____
Name: _____ Email: _____

Name: _____ Phone #: _____ Carrier: _____
Name: _____ Phone #: _____ Carrier: _____

Please return completed form via email to: Info.AtHome@TridentCare.com