

Return to:	CHCO Lab Client Services LabClientServices@childrenscolorado.org (720) 777-6711
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Client Account Setup Form

Please complete the below requested fields to set up an account with Children's Hospital Colorado. Any missing information could cause delays. If you have questions, please email LabClientServices@childrenscolorado.org.

Note: Asterisks (*) denote required fields

A. Facility/Institution Information

Name*	
Address*	
Phone*	

B. Laboratory Information

Address (if different from above)		
Phone*		
Fax for Results*		
Email for Updates/Communication		
Primary Contact Information*	Name:	Title:
	Phone:	Email:

C. Billing Information

Bill to Entity*		
Billing Address*		
Billing Contact Information*	Name:	Phone:
	Email:	Fax:
Accounts Payable Contact*	☐ Check if same as billing contact	Phone:
	Name: Email:	
Preferred Invoice Method*	☐ Email ☐ Mail	
Invoice Payment Method*	☐ ACH ☐ Wire ☐ Check	

Payment Terms: 45 Days

Once payments are 90 days past due, action will be taken to pause processing or withhold results until accounts are brought current.

By submitting an order through Children's Hospital Colorado, the authorized provider/entity attests that the test(s) being ordered has been determined to be medically necessary for the patient, certify that the results of this test will inform the patient's ongoing treatment plan, and certify that the test has been ordered by an authorized healthcare provider. Additionally, by submitting an order through Children's Hospital Colorado, you are automatically agreeing to our standard ref lab terms and agreement. To obtain a copy of this agreement please reach out to LabClientServices@childrenscolorado.org.