

HENNEPIN HEALTHCARE (HHC) ACCOUNT GENERATION FORM FOR HPSP PARTICIPANTS

*****Complete and return this form to HPSP*****

BILLING INFORMATION		SPECIMEN COLLECTION INFORMATION																										
Title		Specimen will be collected at:																										
First Name			Hennepin Health Care																									
Last Name			Offsite – SEND KITS																									
Street Address			Both – SEND KITS																									
Street Address 2		Type of collection: Urine																										
City		If urine collections are to be performed somewhere other than HHC and you wish to have mailers and chain of custody forms sent to the collection site instead of your home address, please provide the following information AFTER CONTACTING THE COLLECTION SITE TO CONFIRM that mailers can be sent there.																										
State																												
Zip																												
Home Phone																												
Cell Phone		Agency Name																										
Work Phone		Contact Person																										
Date of Birth		Street Address																										
Are you a Mayo Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		Street Address 2																										
		City																										
		State																										
		Zip																										
Are you a Park Nicollet Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone																										
		CONFIDENTIAL RESULTS WILL BE SENT TO																										
		If you would like your results faxed to another organization, complete below: Organization name: Contact person: Fax number:																										
				HPSP COMPLETES THIS SECTION																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">P1</td> <td style="width: 40%;"></td> <td style="width: 20%;">New: <input type="checkbox"/></td> <td style="width: 30%;">CaseID#</td> </tr> <tr> <td>P4</td> <td></td> <td>Amended <input type="checkbox"/></td> <td></td> </tr> <tr> <td>P5</td> <td></td> <td>Name Change <input type="checkbox"/></td> <td rowspan="4">MR#</td> </tr> <tr> <td>P7</td> <td></td> <td>Panel Change <input type="checkbox"/></td> </tr> <tr> <td>P9</td> <td></td> <td>Color Change <input type="checkbox"/></td> </tr> <tr> <td>P10</td> <td></td> <td>Address Change <input type="checkbox"/></td> </tr> <tr> <td>P11</td> <td></td> <td rowspan="2">Date Faxed:</td> <td rowspan="2"></td> </tr> <tr> <td>P12</td> <td></td> </tr> </table>				P1		New: <input type="checkbox"/>	CaseID#	P4		Amended <input type="checkbox"/>		P5		Name Change <input type="checkbox"/>	MR#	P7		Panel Change <input type="checkbox"/>	P9		Color Change <input type="checkbox"/>	P10		Address Change <input type="checkbox"/>	P11		Date Faxed:	
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Health Professionals Services Program Fax number: 651-797-1380																												