



## Practice Sign-Up Form

Please fill out this form, save it and email it to [newdoc@luminatehealth.com](mailto:newdoc@luminatehealth.com) to initiate the provider sign-up process.

**ASPiRA LABS® Account Number:**

**ASPiRA LABS® Sales Representative Name:**

**ASPiRA LABS® Sales Representative Email:**

**Practice Name:**

**Practice Address:**

**Practice Phone Number:**

I confirm that the below providers are who they say they are (check box to confirm):

I Confirm

User 1

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**



User 2

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

User 3

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

User 4

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**



User 5

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

User 6

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

User 7

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**



User 8

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

User 9

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

User 10

**Name:**

**Title/Role:**

**Provider NPI (if applicable):**

**Email (will also be your username, must be unique):**

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