



## Provider 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® Sales Representative Name:**

**ASPIRA LABS® Sales Representative Email:**

**Practice Name:**

**Provider Address:**

**Provider Name:**

**Provider Title/Role:**

**Provider NPI:**

**Provider Phone Number:**

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

Please confirm that this provider is who they say they are (check the box to confirm)

I Confirm

For any help or questions, please email [help@luminatehealth.com](mailto:help@luminatehealth.com).

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