



Practice Sign-Up Form

Please fill out this form, save it and email it to 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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