



## Instructions for Signing Up for the Biodesix<sup>®</sup> Physician Portal

- 1) Review the Verification Statement on the first page. The account owner (primary clinician ordering the test) fills out name, desired account name, and NPI number.
- 2) The second page of the document allows the account owner to assign access to their portal account to other clinicians or staff members. Indicate the name and facility of any authorized users.

\*Authorized users will be able to access the account with their own login and be able to review test results, view orders in process, and submit new test orders on behalf of the account owner.

- 3) Email the completed form to [custcare@biodesix.com](mailto:custcare@biodesix.com). A Customer Care representative will contact you to complete the sign-up with a digital signature, provide your first-time login credentials, and contact authorized users to provide access.



BIODESIX PORTAL ACCOUNT AND DIGITAL SIGNATURE VERIFICATION STATEMENT

This Biodesix Portal Account and Digital Signature Verification Statement ("Statement") documents that the account used by undersigned to access the Biodesix Portal is unique to the undersigned and shall not be reused by, or reassigned to, anyone else at any time. This Statement also documents that the physical copy of the undersigned signature as part of the documentation required for the provision of the Biodesix Portal. The undersigned understands that this digital signature is created with unique combination of a Biodesix Portal Account ID and secure password. This unique combination is to ensure that all documentation completed under this combination is performed by the undersigned.

The undersigned is solely responsible for protecting his/her digital signature. If it is suspected or discovered that the digital signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, immediately notify Biodesix Customer Care and request the digital signature be revoked or changed. Upon request to revoke or change digital signature, please immediately cease all use of the digital signature. The Biodesix Customer Care team can be reached at the following:

regionalsupport@biodesix.com; or 866-432-5930

Monday – Friday from 7:00 a.m. – 6:00 p.m. MST

By signing the Statement, the undersigned confirms that he/she will keep their Biodesix Portal Account ID and password secure and will not inappropriately disclose this information to others.

The undersigned confirms that all documentation entered under his/her Biodesix Portal Account ID and password is true and correct.

The undersigned also agrees, upon request, he/she shall provide additional certification or testimony that a specific digital signature is the legally binding equivalent of the undersigned's handwritten signature.

The undersigned agrees that his/her digital signature has the full force and effect of the signature affixed by hand to paper document as signed below and is equivalent to the signature populated in the Biodesix Portal.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Biodesix Portal Account ID: \_\_\_\_\_ (e-mail)

NPI Number: \_\_\_\_\_

-----Biodesix Verification Section: -----

Biodesix Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verification Method:

In person

Phone call

Other: \_\_\_\_\_



**BIODESIX PORTAL ACCOUNT ACCESS AUTHORIZATION**

The individuals listed below are authorized access to Electronic Records in my Biodesix Portal Account. I understand that these individuals are required to have his/her own unique individual Biodesix Portal Account which will provide access to view Electronic Records in my Biodesix Portal Account.

Authorized Users:

Name:

Facility Name

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Account Owner:

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Biodesix Portal Account ID: \_\_\_\_\_ (e-mail)

NPI Number: \_\_\_\_\_