

New Provider Account Setup

Email form to : service@fibronostics.com

Account Information

Clinic Name	Healthwatchers 360				
Address	18350 Roscoe Blvd., Suite 307				
City	Northridge	State	CA	Zip	91325
Phone	818-671-1989	Fax	818-6980440	Email Address <small>(to be used for portal access)</small>	m.tonekaboni.md@gmail.com
Specialty	Family Practice			Patients Results to be faxed <small>(in addition to Portal)</small>	<input checked="" type="radio"/> Yes

Ordering Clinician(s) information

Provider name	Maryam Seddigh	NPI	Ind 1851665744 Grp 11689120586	PECOS regd ?	<input checked="" type="radio"/> Yes
Provider name		NPI		PECOS regd ?	<input checked="" type="radio"/> Yes
Provider name		NPI		PECOS regd ?	Yes

Account Contact Information

Primary Contact Details

Name	Maryam Seddigh Tonekaboni	Title	Medical Director
Phone	818-671-1989	Email Address	m.tonekaboni.md@gmail.com

Secondary Contact Details


Name	Amir Bermanian	Title	Business mgr
Phone	818-671-1989	Email Address	amirbermanian@gmail.com

Sales Information

Name	Sales Group (if applicable)
Phone	Email Address

Clinician Attestation Statement

I am a licensed medical professional. I understand that I have a choice to order any tests offered by Fibronostics. I acknowledge that the test/s requested are medically necessary and the patient is eligible for the tests. I attest that the documentation of medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of performing laboratory and/or third-party payer.



 Clinician Name (in PRINT) Maryam Seddigh Tonekaboni M.D.

 Date Signed 10-22-2020

Signature of Clinician _____ Clinician Name (in PRINT) _____ Date Signed _____

