



## TridentCare is proud to offer our Mobile Imaging and Laboratory Services to OHSU Health IDS Members

Mobile Imaging and Laboratory services are available wherever a patient calls home including private residences, skilled, and assisted living facilities. Laboratory Services are also available during treatment at a dialysis center.

### Mobile Imaging Services:

- Digital X-Ray and EKG (Completed 7 days/week, 8a-5p \*dependent on patient's residence)
- General, Vascular, and Echocardiogram Ultrasound (Scheduled Monday-Friday, 8a-5p)

### Laboratory Services\*:

- Routine Blood Draws Available
- Scheduled Monday – Friday, 8am – 5pm

**\*NOTE:** In order to utilize TridentCare's laboratory services, a TridentCare Account Number is required. Please complete our Account Setup Form on the following page.

### Orders and Results:

- Signed orders may be faxed in or placed directly on our secure webportals
- Results are faxed to your practice/office and are also available through our secure webportals
- Critical results will be called directly to your practice/office

### Getting Started:

1. Complete an Account Setup Form to obtain a TridentCare account number. See form on the following page or download here: [TCAH Account Setup.pdf](#).
2. Signed orders may be faxed to: **855-232-0249**
  - Please ensure all orders contain:
    - Ordering Provider: full name, NPI number, phone/fax numbers for results
    - Patient: full name, date of birth, address, phone number, insurance, member ID, and complete laboratory test and/or imaging exam details
  - For convenience purposes, please download our Exam Request Form for Mobile Imaging services: [TCAHExamRequest.pdf](#)



Questions? Email Us: [Info.AtHome@TridentCare.com](mailto:Info.AtHome@TridentCare.com) or contact Jordan Baucus P: 818-262-6952, E: [Jordan.Baucas@TridentCare.com](mailto:Jordan.Baucas@TridentCare.com)

Need Access to Place Your Order Online?

<https://www.tridentconnect.com/request-access/>



**Thank you for your interest in the services we provide!**

**To obtain a TridentCare account number please provide the following information:**

Practice/Group Name: \_\_\_\_\_

Practice/Group NPI Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Fax # for results: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide name and NPI of Providers/Practitioner's who may order our services:**

Name / NPI #: \_\_\_\_\_

Name / NPI #: \_\_\_\_\_

Name / NPI #: \_\_\_\_\_

Name / NPI #: \_\_\_\_\_

Name / NPI #: \_\_\_\_\_

**Would you like to receive a text or email alert for positive results? Yes / No (Circle One)**

If yes, please indicate email or cell phone number below

\*For texting option please include the phone carrier (Verizon, Sprint, etc.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ \*Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ \*Carrier: \_\_\_\_\_

**Please return completed form via email to: [Info.AtHome@TridentCare.com](mailto:Info.AtHome@TridentCare.com).**

**We look forward to working with you and your patients!**

[www.tridentcare.com](http://www.tridentcare.com)