

# REGISTRATION FORM for TOVA Serial(s) # \_\_\_\_\_

**MAIL FORM TO:**

The TOVA Company  
3321 Cerritos Ave  
LOS ALAMITOS, CA 90720

**FAX FORM TO:**

(800) 452-6919 OR  
(562) 594-7770  
E-MAIL: [info@tovatest.com](mailto:info@tovatest.com)

**OR CALL FOR ASSISTANCE:**

(800) 729-2886 OR  
(562) 594-7700

**PROVIDER INFORMATION** (PLEASE TYPE or write clearly)

T.O.V.A. PROGRAM OWNER NAME: \_\_\_\_\_

PRIMARY CLINICAL CONTACT NAME (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ DEGREE/LICENSE: \_\_\_\_\_

SPECIALTY (PSYCHIATRIST, PSYCHOLOGIST, PEDIATRICIAN, NEUROLOGIST, PSYCHIATRIC NURSE, ETC.): \_\_\_\_\_

SECONDARY CONTACT(S): \_\_\_\_\_ DEGREE/LICENSE: \_\_\_\_\_; \_\_\_\_\_ DEGREE/LICENSE: \_\_\_\_\_;

SHIPPING/MAILING ADDRESS: \_\_\_\_\_ BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

CLINICAL PHONE: \_\_\_\_\_ BILLING CONTACT: \_\_\_\_\_

CLINICAL FAX: \_\_\_\_\_ BILLING PHONE: \_\_\_\_\_

CLINICAL E-MAIL(S) \_\_\_\_\_ BILLING EMAIL: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE\_\_\_\_\_  
PRINT NAME AND TITLE**FACILITY/PRACTICE INFORMATION**

Do you want to be on our email list (we will not release or sell your information)? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about T.O.V.A.? \_\_\_\_\_

What type of practice do you have? (Private Practice, Hospital, Educational Facility, etc.) \_\_\_\_\_

What populations do you see? \_\_\_\_\_

How do you plan to use the T.O.V.A.? ADHD Evaluation \_\_\_\_\_ Research \_\_\_\_\_ Other \_\_\_\_\_

Which of the following do you do? Assess \_\_\_\_\_ Treat \_\_\_\_\_

Do you want to be on our Referral Network?\* Yes \_\_\_\_\_ (\*Please complete the following information) No \_\_\_\_\_

What are your surrounding zip codes? \_\_\_\_\_

Who is the contact (if different from above): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone # (if different from above): \_\_\_\_\_ Office Hours: \_\_\_\_\_

Do you accept insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier(s): \_\_\_\_\_

**PAYMENT PREFERENCE (PLEASE CHECK ONE)**

- PURCHASE ORDER: Remember to include hard copies of Purchase Order  
 CHECK: Remember to include the T.O.V.A. Serial (s) #: \_\_\_\_\_  
 CREDIT CARD: We gladly accept: VISA, MasterCard, Discover Card, and American Express  
 PayPal: Send invoice to my paypal account : \_\_\_\_\_ and I will pay from there.

 CREDIT CARD: I will authorize each time. CREDIT CARD: **Keep On File.** I authorize The TOVA Company to charge my credit card as needed. I understand the amounts may vary and I may cancel this automatic payment plan anytime by contacting The TOVA Company. Visa  MasterCard  Discover Card  American Express

Full name of credit card holder: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: MO \_\_\_ YR \_\_\_ VN # \_\_\_\_\_

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

Pay by Bank Wire Transfer: Senders are responsible for any fees, deductions, or currency exchange shortages that may be removed from payments before they are received by The TOVA Company. Please specify to your bank or institution to state/write "ALL CHARGES OURS" or "NO CHARGES FOR BENEFICIARY" (written in English and YOUR language if different) in your sending instructions. Make payments payable to: The TOVA Company

**Bank Information:**

<b>Bank Name:</b>	US BANK
<b>Banker Branch:</b>	US BANK WASHINGTON, SEATTLE, WA
<b>Sort Code / IBAN No./ SWIFT CODE:</b>	USBKUS44IMT
<b>Account Number:</b>	Contact The TOVA Company
<b>ABA Routing Number:</b>	Contact The TOVA Company