

**OHIO PHYSICIANS HEALTH PROGRAM  
FIRSTLAB ENROLLMENT AND PAYMENT INFORMATION**

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<b>Name (First, M.I., Last)</b>	<b>Social Security Number</b>	
<hr/>		
<b>Home Address</b>		
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<b>City, State, Zip</b>	<b>County</b>	
<hr/>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Email</b>

**CREATE LOGIN**

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**Login ID (Case Sensitive)**

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**Password (Case Sensitive)**

\*Note: Password must be 8 characters long and include at least 1 capital letter, 1 lowercase letter and 1 number.  
**\*\*If no password is selected, you will be given the default password of Password1. You can change this at any time by logging into your FirstLab account.**

**PAYMENT INFORMATION**

Visa     Master Card

Processing Fee    and     Automatic Payment **FIRSTLAB**

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**Card Number**

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**Name on Card**

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**Expiration Date:**                      **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**3-digit Code No. on Signature Block:** \_\_\_\_\_

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**Signature**

Should you have any questions, please contact Kelley Long, Operations Manager, at 614-841-9690 ext 23.