

PATIENT INFORMATION				PRACTICE INFORMATION			
Last Name	First Name	MI	Clinic Name				
Address			Physician Name			NPI #	
City	State	Zip	Address			City	
Phone	DOB (mm/dd/yyyy)	Biological Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	State		Phone		
Ancestry <input type="checkbox"/> African American <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____			Fax		Email		
BILLING INFORMATION							
Date of Collection (mm/dd/yyyy)			Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM		Collected by: _____		
Email			Pack and ship suspected and confirmed SARS-CoV-2 patient specimens, cultures, or isolates as UN 3373 Biological Substance, Category B, in accordance with the current edition of the International Air Transport Association (IATA) Dangerous Goods Regulations external icon. Personnel must be trained to pack and ship according to the regulations and in a manner that corresponds to their function-specific responsibilities.				
BILLING INFORMATION							
<input type="checkbox"/> Client Billed <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Tricare <input type="checkbox"/> Cash Pay							
Name of Policy Holder		DOB (mm/dd/yyyy)	Relationship to Policy Holder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant <input type="checkbox"/> Other _____				
Insurance			Member ID #		Group #		
FOR UNINSURED PATIENTS - If you want Absolute Genomics to bill the CARES ACT Provider Relief Fund for uninsured patients, you MUST provide one of the following documents: <input type="checkbox"/> Patient Social Security Number <input type="checkbox"/> State Driver License <input type="checkbox"/> State ID							
TEST ORDER							
<input type="checkbox"/> COVID-19* SARS-COV-2							
Collected with 1 Nasopharyngeal Swab & 1 Oropharyngeal Swab							
ICD-10 CODES			ORDERING CHECKLIST				
_____ ICD-10 diagnosis codes are required. Providers should order only tests that are medically necessary for the diagnosis and treatment of the patient.			<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Patient Demographics <input type="checkbox"/> Check Appropriate Panel Type <input type="checkbox"/> ICD-10 Diagnosis Codes <input type="checkbox"/> Copy of Insurance Card (Front/Back) <input type="checkbox"/> Medical Provider Name and Signature <input type="checkbox"/> Medical Necessity Notes 				
MEDICAL PROVIDER CONSENT							
<p>By signing this form, the medical provider acknowledges that the individual/family member authorized to make decisions for the individual (the "Patient") has been supplied information regarding and consented to undergo pathogen testing, as stated in the Absolute Genomics Informed consent for pathogen testing. This test is medically necessary for the risk assessment, diagnosis, or detection of disease, illness, impairment, symptom, syndrome, or disorder. The results will determine my patient's medical management and treatment decisions. COVID 19 results will be shared with the state of Pennsylvania, CDC, and any other agency that is required by the governing health agencies. I indicate that I am the referring physician or authorized health care provider. I have explained the purpose of the test. The patient has been given the opportunity to ask questions and/or seek further counsel. The patient has voluntarily decided to have the test performed by Absolute Genomics. As the medical provider, I am responsible for documenting the applicable ICD-10 diagnosis codes. FOR UNINSURED PATIENTS: CARES ACT Provider Relief Fund for uninsured patients I have verified and attest to the best of my knowledge that this patient does not have coverage through an individual, employer-sponsored plan, Federal Employee Health Benefits Program, federal health program, Medicare or Medicaid, and no other payer will reimburse for COVID-19 testing at the time the test was ordered: I have made my patient aware of the potential of the Absolute Genomics being an out of network provider and gave the patient the ability to deny the test until an in-network lab provider could be selected. I acknowledge that I and the Patient have been informed and agreed that if the Patient's insurer does not reimburse Absolute Genomics in full for any reason, including if the insurer considers the pathogen test ordered to be a non-covered service or not medically necessary, then Absolute Genomics may bill the patient directly for the services and the Patient will remit payment directly to Absolute Genomics. Test results could be delayed in some circumstances when there is an error in specimen collection, error in specimen collection documentation, error in the collection of 2 or more ICD-10 codes, medical necessity documentation collections, or a delay in shipping and not received by laboratory by 9 am the following morning after collection of sample.</p> <p><input type="checkbox"/> By checking the box the patient opts out of de-identified research purposes. If left blank consent is received.</p>							
Medical Provider Signature			Date				