

PATIENT INFORMATION							
Last Name*		First Name*		SSN		DOB*	BIOLOGICAL SEX* <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*			APT#	City*		State*	ZIP*
							Phone*
RESPONSIBLE PARTY ▼							
Last Name		First Name		Relation*		SSN	DOB
							Gender <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			APT#	City		State	ZIP
							Phone
INSURANCE INFORMATION				ORDERING INFORMATION			
Primary Insurance*		Secondary Insurance		Ordering Facility*		Ordering Physician*	
Primary Insurance ID #*		Secondary Insurance ID #		Billing Type* <input type="checkbox"/> Client Bill <input type="checkbox"/> Bill Insurance <input type="checkbox"/> Bill Patient		Fax Results/Dupl. Copy	
Primary Insurance Group #*		Secondary Insurance Group #		Collection Date*		Collection Time*	

I HEREBY ATTEST TO THE FOLLOWING: I am the licensed medical professional treating the patient listed above. Based on my examination of the patient and assessment of the patient's symptoms and condition, I have determined each component included in the panel test ordered below to be medically necessary in order to obtain diagnostic information needed for the management and treatment of the patient's medical condition. I am responsible for documenting the medical necessity of the ordered test and will provide such documentation upon authorized request. I understand that tests ordered by someone other than the treating provider are not reimbursable and that Medicare does not generally cover routine tests.

Provider's Signature* _____ Date* _____

WELLNESS PANELS									
<input type="checkbox"/> MALE WELLNESS PANEL			<input type="checkbox"/> FEMALE WELLNESS PANEL			<input type="checkbox"/> PEDIATRIC WELLNESS PANEL			For Laboratory Use Only
CMP	Folate	Free Testosterone	CMP	Folate	Free Testosterone	CBC	Phosphorous	Free Testosterone	
CBC	Vitamin B12	DHEAS	CBC	Vitamin B12	DHEAS	Ferritin	Magnesium	DHEAS	
Lipid Panel	Insulin	SHBG	Lipid Panel	Insulin	SHBG	Folate	Iron	SHBG	
TSH	Direct Bilirubin	Cortisol	TSH	Direct Bilirubin	Cortisol	Vitamin B12	Transferrin	Cortisol	
Magnesium	Amylase	LH	Magnesium	Amylase	LH	Vitamin D	GGT	HGH	
Phosphorus	Uric Acid	HGH	Phosphorus	Uric Acid	FSH	Hgb A1c	TSH		
Hgb A1c	Transferrin	Estradiol	Hgb A1c	Transferrin	HGH	Insulin	Free T3		
Vitamin D	GGT	Progesterone	Vitamin D	GGT	Estradiol	Direct Bilirubin	Free T4		
Iron	RF Factor	PSA	Iron	RF Factor	Progesterone	Uric Acid	Lipid Panel		
LDH	Free T3	Free PSA	LDH	Free T3	Prolactin	RF Factor	CRP		
CRP	Free T4	Prolactin	CRP	Free T4		Amylase	LDH		
Ferritin	Testosterone		Ferritin	Testosterone		CMP	Testosterone		

ICD-10 CODES

It is solely the treating practitioner's responsibility to document the medical necessity of the ordered test based on the patient's clinical symptoms. The following ICD-10 codes are only a sample of possible ICD-10 codes the treating practitioner may select to describe the patient's clinical symptoms supporting the medical necessity of the ordered test. All Tests require documentation of Primary Codes. Please also provide Secondary Codes where warranted.

COMMONLY SELECTED CODES

- Cardiovascular disease, unspecified 151.9
- Disorder of metabolism, unspecified E78.9
- Disorder of thyroid, unspecified E07.9
- Hormone/endocrine disorder, unspecified E34.9
- Hypopituitarism E23.0
- Immunodeficiency, unspecified D48.9
- Iron deficiency, unspecified D50.9
- Nutritional deficiency E63.9
- Obesity, unspecified E66.9
- Other Disorders of Pituitary Gland E23.6
- Other fatigue R53.83
- Other malaise R53.81
- Vitamin D deficiency, unspecified E55.9
- Vitamin deficiency, unspecified E56.9
- Lab exam, general medical exam/wellness adult exam Z00.00
- Encounter for routine child health exam without abnormal findings Z00.129
- Encounter for examination of blood pressure with abnormal findings Z01.31
- Encounter for examination of blood pressure without abnormal findings Z01.30
- Encounter for screening for nutritional disorder Z13.21
- Encounter for screening for other metabolic disorders Z13.228
- Encounter for screening for other suspected endocrine disorder Z13.29
- Long-term use of opioid analgesic Z79.891
- Other long-term drug therapy Z79.899
- Other specified health status Z78.9
- Screen for prostate neoplasm Z12.5

ADDITIONAL CODES

- Weakness R53.1
- Arthropathy, unspecified M12.9
- Chronic pain syndrome G89.4
- Chronic pain due to trauma G89.21
- Chronic post-thoracotomy pain G89.22
- Other chronic postoperative pain G89.28
- Other chronic pain G89.29
- Decreased libido R68.82
- Diabetes I, uncomplicated E10.9
- Diabetes II, uncomplicated E11.9
- Disorder of prostate, unspecified N42.9
- Excessive/frequent menstruation N92.0
- Fibromyalgia M79.7
- Generalized pain R52
- Headache, unspecified R51.9
- Hypercholesterolemia E78.00
- Hypertension, benign I10
- Secondary, unspecified hypertension I15.9
- Hypothyroidism E03.9
- Menopausal disorders N95.9
- Osteoarthritis of spine M47.819
- Osteoarthritis M19.90
- Osteoarthritis, ankle/foot M19.079
- Osteoarthritis, hand M19.049
- Osteoarthritis, hip M16.10
- Osteoarthritis, knee M17.10
- Osteoarthritis, shoulder M19.019
- Osteoarthritis, unspecified M19.90
- Other acute pain R52
- Pain in limb M79.609
- Pain, knee M25.569
- Postviral fatigue syndrome G93.31
- Prostatitis N41.9
- PSA, elevated R97.2
- Radiculopathy, thoracic region M54.14
- Radiculopathy, thoracolumbar region M54.15
- Radiculopathy, lumbar region M54.16
- Radiculopathy, lumbosacral region M54.17
- Rheumatoid arthritis M06.9
- Rotator cuff/shoulder syndrome M75.100
- Sacroiliitis M46.1
- Sciatica M54.30
- SOB R06.02
- Synovitis/tenosynovitis M65.9
- Therapeutic drug monitoring Z51.81
- Thyroiditis, acute E06.0
- Thyroiditis, chronic E06.3

OTHER ICS-10 CODES - Please List Below