

A Enter key information

Patient information

Last name* First name* MI
Date of birth* / / Gender M F
Address City State Zip
Phone number Email

* Required fields

Account number

Specimen information

Collector initials

Date collected* / / Time collected : AM PM

Billing information

Diagnosis code(s)* Copy of insurance card(s) attached
 Medicare Medicaid Workers comp. No fault 3rd party insurance Self-pay

Primary insurance carrier

Policy I.D.# Group

Date of injury (Workers comp./No fault) / /

B Select preliminary screen (Section B can be selected in combination with Section C)

Preliminary oral fluid screen was **not** performed in office.
Choose testing based on a medical necessity of your patient.

Check box to perform all screens below and perform conditional confirmations based on reflex of inconsistent or positive results.

Check box to perform all screens below except for THC and perform conditional confirmations based on reflex of inconsistent or positive results.

Check box for screen only (confirmatory testing will only be performed if ordered in section C)

- Amphetamines
- Benzodiazepines
- Buprenorphine
- Cocaine metabolite
- Methadone
- Methamphetamine
- Opiates
- Oxycodone
- Phencyclidine
- THC

See reverse side for screening components.
Confirmatory tests will result in an additional charge for each drug class confirmed.

C Perform definitive test(s) (confirmation) for the selected drugs and/or medications below based on medical necessity

Definitive testing should only be performed where inconsistent or positive results are observed or where there is no screening test available for the specific drug(s) of interest.

Natural & semi-synthetic opioids

- Buprenorphine/Naloxone (Suboxone)
- Buprenorphine (Buprenex, Butrans, Belbuca)
- Codeine (Tylenol 3)
- Hydrocodone (Hysingla, Norco, Zohydro)
- Hydromorphone (Dilaudid)
- Morphine (MS Contin, Kadian)
- Oxycodone (Oxycontin, Percocet, Roxicodone)
- Oxymorphone (Opana)

Synthetic opioids

- Dextromethorphan
- Dextrorphan/Levorphanol
- Fentanyl (Actiq, Duragesic, Subsys, Fentora)
- Meperidine (Demerol)
- Methadone (Methadose, Dolophine)
- Naltrexone (Vivitrol)
- Tapentadol (Nucynta)
- Tramadol (Ultram, Ultracet, Conzip)

Amphetamines

- Amphetamine (Adderall)
- Methamphetamine (Desoxyn)
- Methylphenidate (Concerta, Ritalin, Focalin)

Rx Prescribed medication will be tested
Test Perform confirmatory test

Benzodiazepines

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Oxazepam
- Temazepam (Restoril)

Recreational substances

- THC (Medicinal Marijuana)

Muscle relaxants

- Carisoprodol (Soma)
- Cyclobenzaprine (Amrix)

Sedatives & hypnotics

- Ketamine (Ketalar, Spravato)
- Zaleplon (Sonata)
- Zolpidem (Ambien, Edluar)

Antidepressants

- Amitriptyline
- Bupropion (Wellbutrin, Zyban)
- Citalopram (Celexa, Lexapro, Escitalopram)
- Clomipramine (Anafranil)
- Desipramine (Norpramin)
- Doxepin (Silenor, Zonalon)
- Duloxetine (Cymbalta)
- Fluoxetine (Prozac)
- Imipramine (Tofranil, Surmontil)
- Nortriptyline (Pamelor)
- O-Desmethylenlafaxine (Pristiq, Khedezla)
- Paroxetine (Paxil)
- Selegiline (Zelapar, Emsam)
- Sertraline (Zoloft)
- Trazodone
- Venlafaxine (Effexor)

Antiepileptics

- Gabapentin (Neurontin, Gralise, Horizant)
- Pregabalin (Lyrica)

Designer drugs

- Synthetic cathinones

Antipsychotics

- Chlorpromazine
- Clozapine (Clozaril, Versacloz)
- Haloperidol (Haldol)
- Olanzapine (Zyprexa)
- Risperidone (Risperdal)

Illicit

- Cocaine
- Heroin
- MDMA/MDA/MDEA
- PCP

Test additional medications

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D I have read and fully agree with the patient authorization (Reference on reverse side)

Patient signature* Date / /

For laboratory use only
Date / time received

E I have read and fully agree with the medical necessity guidelines (Reference on reverse side)

Authorized healthcare provider signature* Date / /

ORL -

Patient authorization and irrevocable assignment of benefits

I certify that the sample was provided without tampering. I authorize Acutis Diagnostics to release the results to the ordering provider. The laboratory is authorized to bill my insurance provider(s), or any payer, whether fully or partially insured and I will irrevocably assign any payment of benefits, claims, appeal rights and interest related to the services performed by the laboratory with any payer.

I understand that in some cases, Acutis may be out-of-network or that my insurer will send payment directly to me. In the event payment is made to me, I agree to endorse the insurance check and forward it to Acutis within 30 days. My failure to forward the insurance check may result in my account being forwarded to collections or to a credit bureau. If related to no fault, I authorize assignment of benefits towards payment of services provided by Acutis. I understand that I may be responsible for charges after processing by insurance including deductible and copay/coinsurance. In the event I do not have insurance coverage, I may be fully responsible for all charges.

Provider authorization and certification of medical necessity

I acknowledge all tests are reasonable, appropriate, and medically necessary for the monitoring, care, and treatment of the patient, as documented by the patient's records. Acutis Diagnostics emphasizes the importance of testing based on medical necessity. I agree to provide documentation upon request, from the patient's medical chart, supporting medical necessity of tests ordered within 15 days of the request.

I acknowledge a listing of all applicable CPT/HCPCS codes will be made available to me upon request from the laboratory. I further acknowledge the laboratory's Annual Provider Notice is available on their website.

Screening components

Screening tests	Analytes to be confirmed
Amphetamines	Amphetamine
Benzodiazepines	Alprazolam / Clonazepam / 7-Aminoclonazepam / Diazepam / Temazepam / Oxazepam / Lorazepam
Buprenorphine	Buprenorphine / Norbuprenorphine / Naloxone
Cocaine	Cocaine / Benzoyllecgonine
Methadone	Methadone / EDDP
Methamphetamine	Amphetamine / Methamphetamine / MDMA / MDA / MDEA
Opiates	Morphine / Codeine / Dihydrocodeine / Oxycodone / Oxymorphone / 6AM / Heroin / Hydrocodone / Hydromorphone
Oxycodone	Oxycodone / Oxymorphone
PCP	PCP
THC	Delta-9-THC

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