Acutis clinical test requisition

Acūtis

Main 844-522-8847 Fax 631-532-1680
400 Karin Lane, Hicksville, NY 11801
service@acutis.com
CLIA ID 33D2087537 PFI 8944

Specimen identifier stickers

Date of birth ../../..
Patient name ..

Date of birth ../../..
Patient name ..

A Enter key information

Patient information

*Required fields

Account number

Last name* ..... First name* ..... MI .....

Date of birth* ../../.. Gender* ☐ M ☐ F

Address* ..... City* ..... State* ..... Zip* .....

Phone number* ..... Email .....

Sample

Specimen type: Whole blood

Date collected* ../../.. Time* .. : .. ☐ AM ☐ PM

Billing information

Diagnosis code(s)* .....

☐ Medicare ☐ Medicaid ☐ 3rd party insurance ☐ Self-pay ☐ Copy of insurance card(s) attached

Primary insurance carrier .....

Policy I.D.# ..... Group .....

B Order panel or individual test based on medical necessity

- ☐ Basic metabolic panel (BMP)
- ☐ Comprehensive Metabolic Profile (CMP)
- ☐ Hepatic Function Panel
- ☐ Lipid Panel
- ☐ Complete Blood Count (CBC)
- ☐ Erythrocyte Sedimentation Rate (ESR)
- ☐ Human Chorionic Gonadotropin (HCG)
- ☐ Hepatitis Panel HIV 1/2 Ag / Hepatitis A Ab - IgM
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Core Ab, IgM
- ☐ Hepatitis C Ab Rfx HCV RNA Quant
- ☐ HIV 1/2 Ag / Ab Combo w/Rfx
- ☐ Thyroid Stimulating Hormone (TSH)
- ☐ Free T_4
- ☐ T_4, T_3 Uptake
- ☐ Thyroid Antibodies
- ☐ Acetaminophen
- ☐ Lithium
- ☐ Salicylates
- ☐ QuantiFERON-TB

Other(s): .....

C Patient authorization

The specimen I have provided was done so voluntarily and I authorize Acutis Diagnostics to process, bill and provide results. I acknowledge and agree to the terms of the Patient Authorization and Assignment of Benefits on the back of this form.

Patient signature ..... Date ../../..

D Provider authorization

I certify that I have ordered all testing listed above for the medically necessary monitoring, care and treatment of above listed patient. I acknowledge that documentation to support medical necessity for all test(s) ordered is recorded in the patient's chart. I further acknowledge and agree to the Provider Authorization and Certification of Medical necessity on the back of this form.

Authorized healthcare provider signature* ..... Date ../../..

For laboratory use only
Date / time received

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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.

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