

**INSTRUCTIONS**

- Please fill in all applicable information below.**
- Have the provider (or authorized agent), and patient sign the Authorizations box.**
- SZLS will accept an in-House Demographic Sheet as substitute for Patient Information, provided it contains all required information. If ICD-10 codes are not part of your demographic sheet, please provide a copy of the Patient Problem List including all ICD-10 codes for diagnoses, condition, or symptoms.**

NOTE: Physicians (or other individuals authorized to order tests) should only order tests that are medically necessary and reasonable. Please include information describing medical necessity with the included in-House Demographic Sheet. Medicare does not cover routine screening tests.

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Patient's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height:  Ft  In Weight:  lbs

**ORDERING PROVIDER / LAB / INSTITUTION**

Ordering Provider: \_\_\_\_\_

Ordering Location: \_\_\_\_\_ Client ID / NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SPECIMEN COLLECTION INFORMATION**

Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Collection Time: \_\_\_\_:\_\_\_\_ am / pm

Collection Location: \_\_\_\_\_  
(include external phlebotomy coversheet if applicable)

Prostate Health Index (PHI):  Serum Aliquot Frozen (do not freeze in SST tube)

BreastSentry™: Required: Fasted for at least 12 hours?  Y  N  
No nicotine (smoking, vaping, gum, patch) for at least 10 hours?  Y  N

**BILLING INFORMATION**

Insurance Bill (please attach a copy of BOTH sides of patient's insurance card)  
Insurance Company: \_\_\_\_\_

Member ID: \_\_\_\_\_ Relationship to Insured:  Self  Spouse

Self-Pay  MD Prompt Pay Prior Authorization #: \_\_\_\_\_

**ORDER CHOICES**

ColonSentry®  PSA (Total PSA only)

EarlyCDT®-Lung  Prostate Health Index (PHI)

BreastSentry™

**ICD-10 DIAGNOSIS CODES REQUIRED: PLEASE CHECK ALL CODES THAT APPLY. WRITE ADDITIONAL CODES IN THE SPACES PROVIDED BELOW.**  
The codes below are listed as a convenience. This is not an all-inclusive list.

- Colon**
- Z12.11 Encounter for screening for malignant neoplasm of colon
  - Z12.12 Encounter for screening for malignant neoplasm of rectum
- Prostate**
- R97.20 Elevated prostate specific antigen (PSA)
  - R97.21 Rising PSA following treatment for malignant neoplasm of prostate
  - C61 Malignant neoplasm of prostate
  - Z12.5 Encounter for screening for malignant neoplasm of prostate
- Breast**
- Z12.39 Encounter for other screening for malignant neoplasm of breast
  - R92.8 Other abnormal and inconclusive findings on diagnostic imaging of breast
  - Z98.82 Breast implant status
  - N64.4 Mastodynia
- Lung**
- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
  - J44.9 Chronic obstructive pulmonary disease, unspecified
  - J98.4 Other disorders of lung
  - R05 Cough
  - R91.1 Solitary Pulmonary Nodule
  - Z87.891 Personal history of nicotine dependence
  - Z72.0 Tobacco use
  - Z12.2 Encounter for screening for malignant neoplasm of respiratory organs
  - F17.210 Nicotine dependence, cigarettes, uncomplicated
  - F17.211 Nicotine dependence, cigarettes, in remission
  - Z77.090 Contact with and (suspected) exposure to asbestos
  - Z57.9 Occupational exposure to unspecified risk factor
  - Z57.39 Occupational exposure to other air contaminants
  - Z57.5 Occupational exposure to toxic agents in other industries
- Other:** \_\_\_\_\_

**RELEASE AND ASSIGNMENT OF BENEFITS**

As a courtesy, StageZero Life Sciences, (SZLS) will make every reasonable effort to obtain reimbursement for ordered tests. I authorize SZLS to release to Medicare, its carriers, and any insurance carrier or health plan providing medical benefits to me, any information that may be needed for claim purposes. I authorize payment of medical insurance benefits to the party who bills for this claim and accepts assignment of benefits.

**Bill to my insurance:** I understand that if my insurance company pays me directly for services rendered by SZLS, that I am responsible for forwarding the payment to SZLS. I also understand that I am responsible for any deductible/copayment, as required by my plan. Medicare does not cover routine screening tests.

**Medicare Advance Beneficiary Notice (ABN):** Medicare may not pay for all testing, even some care that patients and healthcare providers deem medically necessary.

**Important:** Insurance regulations require SZLS to seek payment for services rendered. I consent to a copy of this authorization being used in place of the original.

**Benefit Investigation/Verification:** An insurance verification specialist is a health care professional working to ensure that patients' health care benefits cover required procedures. The verification specialist contacts a patient's insurance company to verify coverage levels, works with individuals to educate them on their benefits information, and may assist with identifying patient financial responsibility levels. Benefit verification is not a guarantee of payment by the insurance company.

**Preauthorization:** Preauthorization or precertification is a decision by the health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. This service may be obtained by the treating physician prior to the services.

**AUTHORIZATIONS**

**Provider (or authorized agent)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree to the Release and Assignment of benefits above.  
I also understand that Medicare does not cover routine screening tests.