

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

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.