

CLINIC INFORMATION

Clinic Name	Clinic Phone	Fax	Ordering Provider
Clinic Address	Email		NPI

COLLECTION INFORMATION

Date & Time Collected ____/____/____ : ____	Collected By (<i>print</i>)	Initial
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ORDERED TESTING

Inhera: BRCA1 and 2 Inhera: Lynch Syndrome	Inhera: Breast and Gynecological Cancer Inhera: Colorectal Cancer
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PATIENT INFORMATION (REQUIRED)

Last Name	First Name	MRN
Date of Birth ____/____/____	Sex: Male Female	
Street Address 1	Street Address 2	Country
City	State	Zip Code
Phone () -	Insurance Information	
Ancestry: African-American Asian Caucasian Hispanic Other		

**Please enclose a copy of the front and back of patient's insurance card(s) and patient demographic.*

PAYMENT INFORMATION

Billing Method: Insurance Medicare Medicaid Self-Pay** _____ Other

ICD10 DIAGNOSIS CODE(S) REQUIRED: Insurance companies require patient-specific ICD-10 codes to determine medical necessity of pharmacogenetics testing

Primary ICD10 Code	Secondary ICD10 Code	Additional ICD10 Code	Additional ICD10 Code
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COMMENTS OR SPECIAL INSTRUCTIONS:

	Provider Signature	Date
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*Mail barcoded sample with this form to: Intermountain Precision Genomics Core Laboratory, 600 South Medical Center Drive St. George, UT 84790

** By signing, you acknowledge that you are aware of and agree to the following terms in declining to have your insurance billed:

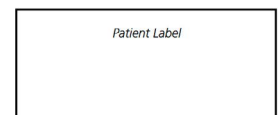
- You are responsible to submit payment in full. Payment arrangements may be made by contacting our Central Lab Billing Office at 801.284.1184.
- You elect to forfeit any financial assistance that may be available (excluding payment arrangements).
- If, at a later date, you request this account to be billed to your insurance, Intermountain Healthcare reserves the right to refuse that request.

FOR OFFICE USE ONLY

Affix peelable barcode
(matching to tube)



Order 50261



Inhera™ Panel – Order Form 2020