

# RxMatch® Order Form

Clinical Genomics Center  
600 South Medical Center Drive  
St. George, UT 84790  
Email: [genomics@imail.org](mailto:genomics@imail.org)  
Questions? Call (435) 251-5740



## Patient Information: (REQUIRED)

Last Name		First Name	
Patient ID/MRN	Date of Birth ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City	State Zip Code
Phone Number ( )	Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

## Clinic Information:

Ordering Physician	NPI	Clinic Name	Clinic Phone
Fax	Email	Clinic Address	

## Collection Information:

Date & Time Collected / / :	Collected By (print)	Initial
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## Billing Information: (Enclose a copy of the front and back of patient's insurance card(s) and patient demographic)

Billing Method:  
 Insurance  Medicare  Hospital/Institution  Self-Pay\* (Signature) \_\_\_\_\_

Primary Insurance	Policy #	Group #
Insured Name	Relation to Insured	Insured Date of Birth
Claims Address		

## ICD 10 Diagnosis Code(s): [Required] Insurance companies require patient-specific ICD-10 codes to determine medical necessity of pharmacogenetics testing

Primary ICD 10 Code	Secondary ICD 10 Code	Additional ICD 10 Code	Additional ICD 10 Code
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## Comments or Special Instructions:

Provider Signature	Date
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\*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. (Please note 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

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

Affix peelable barcode  
(matching to tube)



Order 50261

Patient Label