



## INSTRUCTIONS

- 1 Please fill in all applicable information below.
- 2 Have the provider (or authorized agent), and patient sign the Authorizations box.
- 3 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.

### PATIENT INFORMATION

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

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

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

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

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

Sex: M  F  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height:  m  cm Weight:  kg

### 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®  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

Other: \_\_\_\_\_

### RELEASE AND ASSIGNMENT OF BENEFITS

I authorize Oncore Pharma 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 the payment to Oncore Pharma. I also understand that I am responsible for any deductible/copayment, as required by my plan. Medicare may not cover routine screening tests.

**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.

#### 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.