



# Medical Diagnostic Laboratories, L.L.C. Prior Authorization Request for BRCA Testing

2439 Kuser Road, Hamilton, NJ 08690 Phone: 877-269-0090

## Predetermination Request

Patient information			
Patient Name:		Insurance ID#:	
DOB:		Group#:	
Insurance Name:		Insurance Phone#:	
Insurance Fax#:		Reference number:	
Requester information			
Form completed by: Andrea		Facility: Medical Diagnostic Laboratories	
Fax# for reply: 609-570-1062		Phone#: 609-570-1000	
Physician information			
Physician name:		Clinic/Facility:	
NPI#:	Phone#:	Fax#:	
Billing Lab information			
Lab Name: Medical Diagnostic Laboratories		Fax#: 609-570-1062	
Tax ID#: 223510467	NPI#: 1750373908	Phone#: 609-528-6695 ext 2904	
Procedure information			
Date of Collection: or <input type="checkbox"/> TBD			
ICD 10 code:		Diagnosis:	
<input type="checkbox"/> 81211 BRCA1/2: Comprehensive BRCA Analysis <input type="checkbox"/> 81213 Deletion / Duplication Analysis <input type="checkbox"/> 81321 PTEN <input type="checkbox"/> 81405 x 2 STK11, TP53 <input type="checkbox"/> 81406 x 2 CDH1, PALB2 <input type="checkbox"/> 81408 ATM <input type="checkbox"/> 81479 x 2 BRIP1, RAD51C			
Support documentation attached			