

Provider & Order Information

Provider Information

Healthcare Organization Name : Zydus Hospitals
Provider Name : Square Health Care
NPI # : 4585669972
Location Address Name : 902, Poddar Arcade, Varachchha
City, State, Zip : Surat
Phone Number : 9825623774
Secure Fax Number : 884-885-2121

Order Information

This section is not intended to influence the medical judgment of an ordering provider in determining whether this test is right for any particular patient. The following codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test.

ICD-10 Code :

- ☐ Z12.11 and Z12.12 (Encounter for screening for malignant neoplasm of colon [Z12.11] and rectum [Z12.12])
- ☒ Other(s) - AB002.119

Certification

I am a licensed healthcare provider authorized to order Cologuard. This test is medically necessary and the patient is eligible to use Cologuard. I will maintain the privacy of test results and related information as required by HIPAA. I authorize Exact Sciences Laboratories to obtain reimbursement for Cologuard and to directly contact and collect additional samples from the patient as appropriate.

Date of Order (MM/DD/YYYY):
10/05/2019

Patient Demographics

Patient ID/MRN : 45901100
First Name : Khushal
Last Name : Gondaliya
DOB (MM/DD/YYYY) : 14/06/1998
Sex : ☒ Male ☐ Female
Phone Number (Required) : 7878559696 ☒ Home ☐ Mobile ☐ Work
Language Preference (optional) : English
Shipping Address : Gayatri Society **City, State, Zip :** Surat
Billing Address : Gayatri Society **City, State, Zip:** Surat

PATIENT ETHNICITY AND RACE (Optional)

Is your patient of Hispanic or Latino origin or descent? : ☐ Yes ☒ No

Please mark one or more to indicate your patient race :

- ☒ White
☒ Black or African-American
☒ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native

Patient Insurance/Billing Information

Only completion of Policyholder Name and Policyholder DOB is necessary when attaching a copy of the front & back of primary and/or secondary insurance cards

Does patient wish Exact Sciences to bill their insurance ? : ☐ Yes (Complete below) ☒ No (Self-pay)

Policyholder Name : Khushal

Policyholder DOB : 14/06/1998

Relationship to patient : ☒ Self ☐ Spouse ☐ Other

Primary Insurance Carrier : New India Pvt. Ltd.

Type of Insurance : ☐ Private ☒ Medicare ☐ Medicare Advantage ☐ Medicaid ☐ Tricare

Claims Submission Address : 402-A, Melenium Square, Ring road, Surat

Subscriber ID/Policy Number : 5658962

Group Number : 778A

Plan : ABC Plan for Health

Prior-Authentication Code (if available) : 215215

PATIENT AUTHORIZATIONS, ASSIGNMENT OF BENEFITS (AOB) & FINANCIAL RESPONSIBILITIES

I authorize Exact Sciences Laboratories (Exact) to bill my insurance/health plan and furnish them with my Cologuard order information, test results, or other information requested for reimbursement. I assign all rights and benefits under my insurance plans to Exact and authorize Exact to appeal and contest any reimbursement denial, including in any administrative or civil proceedings necessary to pursue reimbursement. I authorize all reimbursements to be paid directly to the laboratory in consideration for services performed. I understand that I am responsible for any amount not paid, including amounts for non-covered services or services determined by my plan to be provided by an out-of-network provider. I further understand that if I am a Medicaid enrollee in a state where Exact is enrolled as a Medicaid provider, Exact will accept as payment in full the amounts paid by the Medicaid program, plus any deductible, coinsurance or copayment which may be required by the Medicaid program to be paid by me.

Is Patient Signature : No

Date :
12/4/2020