



Accession
Label
Here

PROVIDER INFORMATION

Patient Name (Last / First / Mi)		Social Security Number
Date of Birth (MM / DD / YYYY)	Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient Street Address		
City / State / Zip		
Phone	Email	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-hispanic <input type="checkbox"/> N/A		
BMI*:	Height*:	Weight*:

***BMI (OR HEIGHT & WEIGHT) and FASTING CONDITIONS REQUIRED TO RUN THE TEST**

Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Self-Pay <input type="checkbox"/> Client Bill <input type="checkbox"/> W/C Case#:		DOI:		Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
Patient's Insurance Provider:		Subscriber Name:		Subscriber Date of Birth: / /	
Insurance Address:			City / State / Zip:		
Policy#:			Group#:		
Phone#:			Fax#:		

Collector's Name:	Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours Since Last Meal:	Date Collected:	Time Collected:	<input type="checkbox"/> AM <input type="checkbox"/> PM
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SC0021 OWLiver PROFILE SST x 1

<input type="checkbox"/> E78.5 Hyperlipidemia, unspecified	<input type="checkbox"/> K74.01 Hepatic fibrosis, early fibrosis	ORDER CODE	TEST NAME	CPT
<input type="checkbox"/> E11.65 Type 2 diabetes mellitus with hyperglycemia	<input type="checkbox"/> K76.0 Fatty (change of) liver, not elsewhere classified	SC003	OWLiver Biomarkers	0344U
<input type="checkbox"/> E13.8 Diabetes mellitus with unspecified complications	<input type="checkbox"/> R74.01 Elevation of levels of liver transaminase levels	CH553	ALT	84460
<input type="checkbox"/> E13.9 Diabetes mellitus without complications	<input type="checkbox"/> R94.5 Abnormal results of liver function studies	CH554	AST	84450
<input type="checkbox"/> K75.81 Nonalcoholic steatohepatitis (NASH)	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	*Patient BMI must be provided above to order SC0021		

CONSENT FOR TESTING: The information I have provided on this form is true and accurate. I consent to the collection of a specimen from myself or my minor child/ward for the purpose of laboratory testing. In consultation with my Medical Provider, I have chosen Luxor Scientific, LLC (Luxor) to perform the testing described on this form, and to report test results to my Provider or his/her facility. I also understand that my specimen remnants and clinical information may be shared, without my permission, for research purposes with my Medical Research Partners, entities who are legally bound to comply with applicable laws/regulations governing the use of information for research. I hereby authorize my health information to be assigned to my insurer and to apply for a benefit determination for this testing, to Luxor and I request that payment be made on my behalf directly to Luxor. If my insurer sends payment for testing services directly to me, I will endorse the check and forward it to Luxor on receipt. I am aware that Luxor may be outside of my insurer's provider network and I am aware that I am responsible for all costs of testing not paid by my insurer.

MEDICAL NECESSITY: The provider certifies that the requested tests are medically necessary, that the medical necessity of requested tests is documented in the patient's chart, and the need for the requested tests has been explained to the patient. The provider also agrees to provide chart notes or other documentation within 72 hours when requested by patients and/or insurers. Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office of Inspector General takes the position that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

Patient Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

TEST COMBINATION / PANEL POLICY

Luxor's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/profiles does not distance physicians who wish to order test combinations/profiles from making deliberate decisions regarding which tests are truly medically necessary. All tests offered in test combinations/profiles may be ordered individually using the Luxor request form. Luxor encourages clients to contact their local Luxor representative or Luxor location if the testline configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges, and coding of its test combinations/profiles when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all Luxor services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes with appropriate CPTs. Luxor will process the specimen for a microbiology test based on the source.