

PATIENT INFORMATION
PROVIDER INFORMATION
Patient Name (Last / First / Mi) Social Security Number
Date of Birth (MM / DD / YYYY) **Sex at Birth:** Male Female
Patient Street Address City / State / Zip Phone Email Race: Asian Black Caucasian Hispanic Native American Other N/AEthnicity: Hispanic Non-hispanic N/A**BMI*:** **Height*:** **Weight*:**
***BMI (OR HEIGHT & WEIGHT) and FASTING CONDITIONS REQUIRED TO RUN THE TEST**
INSURANCE INFORMATION (attach demo and front/back of card)
Bill to: Insurance Self-Pay Client Bill W/C Case#: DOI: Relationship to Subscriber:
 Self Spouse DependentPatient's Insurance Provider: Subscriber Name:

Subscriber Date of Birth: / /

Insurance Address: City / State / Zip: Policy#: Group#: Phone#: Fax#:
SPECIMEN COLLECTION INFORMATION

 Collector's Name: **Fasting:** Yes No
Hours Since Last Meal: Date Collected: Time Collected: AM PM

ICD 10 CODES

			SC0021 OWLiver PROFILE SST x 1
		ORDER CODE TEST NAME	CPT
<input type="checkbox"/> E78.5	Hyperlipidemia, unspecified	<input type="checkbox"/> K74.01 Hepatic fibrosis, early fibrosis	
<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 remains and medical information may be shared, without informed consent, if necessary, for medical research purposes with other facilities or laboratories, or for legal or administrative purposes, including the protection of personally identifiable health information. I assign my right to receive payment of benefits from my insurer, and to appeal benefit determinations 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.

Patient Signature: _____ Date: _____

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.

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 testing 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.