

Provider & Order Information												
PROVIDER INFORMATION	ORDER INFORMATION											
<p>Healthcare Organization Name: <u>ABC Enterprise</u></p> <p>Provider Name: <u>Savan Kansagra</u></p> <p>NPI #: <table border="1"><tr><td>1</td><td>6</td><td>0</td><td>1</td><td>1</td><td>0</td><td>1</td><td>0</td><td>7</td><td>0</td></tr></table></p> <p>Location Address: <u>ABCD Road, Anand</u></p> <p>City, State, Zip: <u>Anand, Gujarat, 388120</u></p> <p>Phone Number: <u>9408234854</u></p> <p>Secure Fax Number*: <u>12345678910</u></p> <p><small>*To receive results for this order, please provide secure FAX number only</small></p>		1	6	0	1	1	0	1	0	7	0	<p>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.</p> <p>ICD-10 Code:</p> <p><input checked="" type="radio"/> Z12.11 and Z12.12 (Encounter for screening for malignant neoplasm of colon [Z12.11] and rectum [Z12.12])</p> <p><input type="radio"/> Other(s) _____</p> <p>Certification</p> <p>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.</p> <p><u>S.C. Kansagra</u> <u>12/02/20</u></p> <p>Ordering Provider Signature Date of Order</p>
1	6	0	1	1	0	1	0	7	0			
<p>Patient Demographics <small>Attach a copy of the front & back of primary and/or secondary insurance cards.</small></p> <table border="1"><tr><td><p>Patient ID/MRN: <u>160110107020</u></p><p>First Name: <u>Savan</u> Last Name: <u>kansagra</u></p><p>DOB (mm/dd/yyyy): <u>21/27/20</u> Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female</p><p>Shipping Address: <u>10/Sanidhya Bungalow,</u> <u>V.V. Nagar Karamsad Road</u></p><p>City, State, Zip: <u>Anand, Gujarat, 388120</u></p></td><td><p>Phone Number (required): <u>9916370069</u></p><p><input type="radio"/> Home <input checked="" type="radio"/> Mobile <input type="radio"/> Work</p><p>Language Preference (optional): <u>English,</u> <u>hindi, Gujarati</u></p><p>Billing Address: <u>11/Sanidhya Society,</u> <u>OPP. Taka Tower, V.V. Nagar</u></p><p>City, State, Zip: <u>Anand, Maharashtra</u></p></td></tr></table>		<p>Patient ID/MRN: <u>160110107020</u></p> <p>First Name: <u>Savan</u> Last Name: <u>kansagra</u></p> <p>DOB (mm/dd/yyyy): <u>21/27/20</u> Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female</p> <p>Shipping Address: <u>10/Sanidhya Bungalow,</u> <u>V.V. Nagar Karamsad Road</u></p> <p>City, State, Zip: <u>Anand, Gujarat, 388120</u></p>	<p>Phone Number (required): <u>9916370069</u></p> <p><input type="radio"/> Home <input checked="" type="radio"/> Mobile <input type="radio"/> Work</p> <p>Language Preference (optional): <u>English,</u> <u>hindi, Gujarati</u></p> <p>Billing Address: <u>11/Sanidhya Society,</u> <u>OPP. Taka Tower, V.V. Nagar</u></p> <p>City, State, Zip: <u>Anand, Maharashtra</u></p>									
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<p>PATIENT ETHNICITY AND RACE <small>The completion of this section is optional.</small></p> <p>Is your patient of Hispanic or Latino origin or descent? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please mark one or more to indicate your patient's race:</p> <p><input type="radio"/> White <input type="radio"/> Black or African-American <input checked="" type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native</p>												
<p>Patient Insurance/Billing Information <small>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.</small></p> <p>Does patient wish Exact Sciences to bill their insurance? <input checked="" type="radio"/> Yes (complete below) <input type="radio"/> No (patient will self-pay)</p> <p>Policyholder Name: <u>Insurance</u> Policyholder DOB: <u>27/11/98</u> Relationship to patient: <input checked="" type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Other</p> <p>Primary Insurance Carrier: <u>Insurance lim.</u> Type: <input checked="" type="radio"/> Private <input type="radio"/> Medicare <input type="radio"/> Medicare Advantage <input type="radio"/> Medicaid <input type="radio"/> Tricare</p> <p>Claims Submission Address: <u>10/Sanidhyabungalow, Karamsad</u></p> <p>Subscriber ID/Policy Number: <u>99876</u> Group Number: <u>ABC100</u> Plan: <u>Fully Insurance</u></p> <p>Prior-Authorization Code (if available): _____</p>												
<p>PATIENT AUTHORIZATIONS, ASSIGNMENT OF BENEFITS (AOB) & FINANCIAL RESPONSIBILITIES</p> <p>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.</p> <p>Patient Signature: <u>S.C. Kansagra</u> Date: <u>12/03/2020</u></p>												



EXACT SCIENCES LABORATORIES, LLC
145 E Badger Rd, Ste 100, Madison, WI 53713
p: 844-870-8870 | ExactLabs.com



INFORMATION NEEDED

To Process a Cologuard® Order for Your Patient

Month DD, YYYY

Dear Cologuard Provider,

Exact Sciences Laboratories has recently received a Cologuard order for your patient; however, the below requested information is required before we can process the order.

Please complete the fields indicated below and fax the completed form to 1-844-870-8875.

Cologuard Order Number:	
Date Received by ES Labs:	6/09/2019
Health Organization Name:	123 Healthcare
Provider Name:	Rob Pizza, MD
Provider NPI:	1134225618
ICD-10 Codes Z12.11 and Z12.12: (Encounter for screening for malignant neoplasm of colon [Z12.11] and rectum [Z12.12]) <i>The above codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test, regardless of whether the code is listed above or not.</i>	Z12.11 Z12.12
Patient Name:	Allie <Last Name>
Patient Date of Birth:	6/9/1954
Patient Sex:	Female
Patient Phone Number:	608-555-1003
Patient Shipping Address:	1440 Monroe St Madison WI 53711
Please Confirm Secure Fax #: <i>For Results and Patient Information</i>	608-867-5309
Healthcare Provider Signature: <i>Please Sign this field if blank. We must have a valid Provider Signature to proceed.</i>	Yes
Insurance Type: <i>(Medicare, Medicare Advantage, Medicaid, Insurance, Self-Pay)</i>	Medicare Advantage
Insurance Carrier Name: <i>(Example: Blue Cross, Aetna)</i> <i>Please add the Claims address or fax a copy of the insurance card</i>	Turner & Hooch
Subscriber ID:	8675309
Group Number:	
Policy Owner/Holder Name:	Allie <Last Name>
Policy Owner/Holder Date of Birth:	

Thank you for your help!

Sincerely,
Exact Sciences Laboratories

This document contains information from Exact Sciences Laboratories which may be confidential in nature. The information is intended for the recipient only; if you are not the intended recipient, disclosure, copying, distribution or use of the contents is prohibited. If you have received this document in error, please notify Exact Sciences Laboratories at 1-844-870-8870.