

**EXACT  
SCIENCES  
LABORATORIES**

**COLOGUARD® ORDER  
REQUISITION FORM**

Stool-based DNA test with hemoglobin immunoassay component

**EXACT SCIENCES LABORATORIES, LLC**  
145 E Badger Rd, Ste 100, Madison, WI 53713  
p: 844-870-8870 | ExactLabs.com  
NPI: 1629407069 TIN: 463095174

**Provider & Order Information**

Recommended type all Provider information  
Editable printable PDF available at exactlabs.com

**PROVIDER INFORMATION**

Healthcare Organization Name: Exact Science  
Provider Name: Keyur Khant  
NPI #: 

1	2	3	4	5	6	7	8	9	1
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Location Address: 123, Gayatasi Soc.  
City, State, Zip: Surat, Gujarat  
Phone Number: 9016243435  
Secure Fax Number\*: 129660

\*To receive results for this order, please provide secure FAX number only

**Patient Demographics** Attach a copy of the front & back of primary and/or secondary insurance cards.

Patient ID/MRN: 959595  
First Name: Khushal Last Name: Patel  
DOB (mm/dd/yyyy): 12/02/1998 Sex:  Male  Female  
Shipping Address: 31, Gayatasi Society  
Surat.  
City, State, Zip: Surat, 395006

**PATIENT ETHNICITY AND RACE** The completion of this section is optional.

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

Please mark one or more to indicate your patient's 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 (patient will self-pay)  
Policyholder Name: Khushal Policyholder DOB: 12/02/1998 Relationship to patient:  Self  Spouse  Other  
Primary Insurance Carrier: X Y Z Type:  Private  Medicare  Medicare Advantage  Medicaid  Tricare  
Claims Submission Address: 991, XYZP Society, Delhi.  
Subscriber ID/Policy Number: 909091 Group Number: 35A Plan: 13961AB  
Prior-Authorization Code (if available): 616121913

**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.

Patient Signature: Keyur Date: 20/06/2020



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## 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) 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

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