



**LEDA
MEDICAL**

151 EAST 62ND ST. STE 1A NEW YORK, NY 10065
T: 212-288-8832 | F: 212-257-7003

ORDERING PROVIDER

- ☐ ELENA FRID M.D.
☐ SOMER DELSIGNORE NP

Group Accounts:

Northwell Lab: 7768
Quest Lab: 37879
LabCorp: 3101960A

Patient Name:

Middlebrook, Lillie

DOB:

6/2/2002

Today's Date:

10/17/2022

DIAGNOSIS (ICD10)

- ☒ D81.9 - Combined immunodeficiency
☐ G47.411 - Dis. of the nerv. sys.narcolepsy
☒ G93.40 - Encephalopathy unsp.
☐ G61.82 - Multifocal motor neuropathy
☒ E06.3 - Autoimmune thyroiditis
☐ G90.9 - Unsp. disorder of autonomic nerv. sys.
- ☐ D89.40 - Mast cell activation, unsp.
☒ J15.7 - Pneumonia due to mycoplasma
☒ A69.20 - Lyme disease unspecified
☒ B37.9 - Infection of GYN - Candida
☒ B27.90 - Infect. mononucleosis uncomplicated
☐ G43.909 - Migraine, unsp, not intractable
☐ G43.911 - Migraine, unsp, intr, with migrainosus

- ☐ D52.9 Folic Acid Anemia
☐ A44.9 - Bartonellosis, unsp.
☐ B60.0 - Babesiosis
☐ G61.81 - CIDP
☐ T78.40 - Allergy, unsp.
☒ E55.9 - Vit D deficiency
☒ R53.83 - Other Fatigue

OTHER

1

2.

General

- ☒ CBC, CMP
☒ ESR, CRP, ANA, RF, C3/C4 complement levels, DS DNA,
☒ B12, Folate Methemoglobin acid, Homocystein Level, MTHFR gene
☒ Vitamin D-25 Hydroxy, Vitamin A, C, E, Copper, Mg
☐ VIT B3, B6, B5, B7, B1, Zinc Plasma or Serum
☐ CPK
☐ Iron, Ferritin, Total Iron binding Capacity,
☐ Lipid panel, HgA1C

Neuropathy

- ☐ Serum and Urine Immunofixation, Serum electrophoresis,
☐ ACE level

Hypercoagulable State

- ☐ PT/PTT/INR
☐ AntiphospholipidAbx, Lupus Anticoagulant, Prothrombin III gene mutation, Protein C and S, Factor V Leiden, Antithrombin

Integrity of Immune System

- ☒ IgM, IgA, IgE, IgG subclasses - IgG1, IgG2, IgG3, IgG4

- ☐ Mannose-Binding Lectin (MBL)
☐ HLA-B27 Antigen; HLA-DR4 flow cytometry
☐ Measles, Mumps, Rubella, Diptheria, Tetanus, Pertussis, Varicella
☐ 14 Serotypes Pneumococcal Titers

Mast Cell Activation Syndrome

- ☐ 2,3 - Dinor-11 Beta Prostaglandin F2 Alpha,Urine *Mayo code: **23BPG**
☐ N-Methylhistamine, 24 Hour, Urine *Mayo code: **NMHIN**
☐ Prostaglandin D2 (PG D2), Urine *Mayo code: **FPRSG**
☐ Dust Panel (R Dust) - 1ml
☐ Meat Panel (R Meat) - 1ml
☐ Feather Panel (R Feather) - 1ml
☐ Allergen Adult (RAFP) - 1ml
☐ Alpha-gal - IgE - 1ml
☐ Histamine and Chromogranin A

Toxicity / Allergy

- ☐ Mold panel
☒ Heavy Metal panel
☒ Ammonia Level

Neuromuscular junction disorders

- ☐ MuSK receptor Abx - Myasthenia Gravis
☐ Anti Voltage -dependent calcium channels - Lambert Eaten
☐ Acetylcholine Recep.Abx (Blocking, Binding, Modulating) - Myas.Gravis

Celiac Disease

- ☐ Anti-Tissue TransglutaminasAb(tTGA1), Anti-EndomysiumAb-EMA
☐ Amylase & Lipase

Clinicians

signature: *[Signature]*

* Not approved for NY Residents

Infectious

- ☐ Lyme (ELISA and WB)
☒ Brucella Antibody Screen IgG & IgM
☐ Bartonella Henselae IgM/G Abs
☐ Babisia Duncan - IgG/M - VALENCIA LABS (QuestDiag.)
☐ Babisia Microti - IgG/M and PCR - Northwell Labs
☒ ASO/ Streptozyme/ Anti-DNase B
☒ Mycoplasma Pneumoniae IgM/G
☒ Chlamydia Pneumoniae IgM/IgG
☒ Candida Albicans antibodies IgM/G/A &Antigen panel
☒ Cocksackie A antibodies *and B A*
☒ Toxoplasma IgM/IgG
☐ Erlichia IgM/G
☐ Rickettsia IgM/G
☒ EBV Ab; HHV 6 IgM/IgG; CMV IgM/IgG; West Nile IgM/IgG, HSV 1&2 IGM/IGG
☐ Anaplasma phagocytophilum IgG & IgM

Autoimmune Encephalopathy/Neuropathy

- ☐ CASPR - 2 antibody (Limbic encephalitis, peripheral nerve hyper excitability, and neuromyotonia) - (OUT OF NETWORK FOR MEDICARE)
☐ LGI1 Antibody Test - Faciobrachial dystonic seizures (FBDS)
☒ Anti GAD 65 Abs - (Stiff Person's syndrome/ autoimmune encephalitis)
☒ Voltage gated K+ channel Ab, NMDA Receptor Ab, S100B Protein
☐ Anti-GB3, Anti-GM-1, Anti-GQ1B - (CIDP)
☐ ENS1 (Encephalopathy Autoimmune Evaluation) - Northwell Labs
☒ Encephalitis Antibody Eval - Quest (code: 94955)

Myopathies

- ☐ CPK, Mg, Serum Myoglobin, SMA20, Urine Myoglobinuria
☐ Hexosaminidase A definition, Lactic acid level (Mitochondrial Disorders)

Adrenal / Pituitary Hormones

- ☐ ACTH, Prolactin, TSH, FSH, LH, GH, Free & Total Testosterone, AM Cortisol
☐ IGF1 - Growth Factor

Hormone Panel

- ☐ Free & Total Testosterone
☐ DHEA sulfate
☐ PSA Free and Total
☐ Estradiol
☐ Progesterone
☐ FSH/LH
☐ Insulin fasting, Glucose tolerance

Thyroid

- ☒ TSH, Free T3, Free T4, Thyroid Peroxidase and Thyroglobulin Antibody

Rituximab Labs

- ☐ Quantiferon - TB test, Hepatitis B Panel, JC virus load
☐ CD19 and CD20 (Rituximab therapy test)
☐ CBC with Diff, CMP, IgM, IgG, IgA

Other:

Tularemia IgM/IgG



IGeneX Inc.

TEST REQUISITION FORM

(Domestic Use Only)

556 Gibraltar Drive | Milpitas | CA 95035 - 6315 | T: (800) 832-3200 | F: (408) 935-8272 | www.igenex.com
 CLIA Number: 05D0643914 • NPI: 1396837605 • CA License: CLF4033 • Federal Tax ID: 94-3147701

Lab
Use Only

Processing of test(s) may be delayed if the following required information is incomplete:

- PATIENT INFORMATION – Patient's demographic, Patient Prepayment, and Patient/Responsible party's signature.
- REFERRING PHYSICIAN INFORMATION – Referring Physician's practicing location address, DX Codes, NPI, and Physician's signature.

PATIENT INFORMATION (Please Print Clearly)				Visit www.igenex.com for the most up-to-date billing and payment information.	
Last Name <u>Middlebrook</u>		First Name <u>Lilic</u>		Middle Initial	
Mailing Address		City		State	Zip
Telephone	Email	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (MM-DD-YYYY)	

BILLING INFORMATION – Please select one of the following payment methods (REQUIRED):
 Please note, IGeneX, Inc. does not bill Health Insurance Providers, Medi-Cal or Medicaid.

☐ YES, I have Medicare – Medical (Part B) Coverage

MBI (Medicare Number): _____

- Please attach a copy of your Medicare Card
- Review Medicare paperwork included in specimen collection kit
- Please complete and sign the attached *Medicare Patient Insurance Information Form*

☐ NO, I do not have Medicare – Medical (Part B) Coverage

☐ Check Number: _____

☐ Credit Card: Visa, MasterCard, Discover or American Express ONLY
 We DO NOT accept Healthcare Financing CareCredit or Credit Cards.

Credit Card Number: _____

Card Holder's Name: _____

Expiration Date (MM/YYYY): _____

Billing Zip Code: _____

By signing this document, I accept financial responsibility and am aware of the testing fees. I authorize the above credit card to be charged for services. I understand I am responsible for submitting my own insurance claim. As a Medicare patient, I am also aware that I am responsible for payment to IGeneX, Inc. if Medicare denies payment.

SIGN HERE:

Required to process test(s)

PATIENT or RESPONSIBLE PARTY'S SIGNATURE (REQUIRED)

Please charge my credit card for additional test(s) requested by my Referring Physician: ☐ YES ☐ NO

REFERRING PHYSICIAN/LABORATORY INFORMATION (Please Print Clearly)

Physician/Laboratory <u>Elena Frid M.D.P.C</u>		Credentials <u>MD</u>	BILL CLIENT: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Drawing Laboratory <small>Please Note: A Client Payment Agreement must be on file with IGeneX in advance. Not required for Patient Pre-payment. Please contact billing@igenex.com for details.</small>		
Primary Practice Address <u>111 Park St. 7th FL.</u>		City <u>New Haven</u>	State <u>CT</u>	Zip <u>06511</u>	
Telephone <u>(212) 288-8832</u>	Fax Number <u>(212) 257-7003</u>	UPIN	NPI (Required) <u>1216197512</u>		
Email <u>contact@ledamedical.com</u>		DX Codes (Required): Please provide all possible diagnosis codes if ordering for more than one disease. <u>A69.20 ; A44.9 ; B60.0 ;</u>			

Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare patient will be reimbursed. The Office of Inspector General takes the position that a physician who orders medically unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties under the False Claims Act.

SIGN HERE:

Required to process test(s)

REFERRING PHYSICIAN'S SIGNATURE (REQUIRED)

If signature is not available, please attach Physician's Prescription

Please mark Panel/Test(s)
on page 2 and 3

DRAWING LABORATORY

Visit www.igenex.com for specimen shipping and handling information.

Laboratory	Main Contact	Telephone	Fax Number
Street Address	City	State	Zip
Specimen Collection Performed By:	Collection Date: (MM-DD-YYYY)	Send copy of test results? <input type="checkbox"/> YES <input type="checkbox"/> NO	Charged for venipuncture Fee? <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIMEN INFORMATION

Reminder: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.

<input type="checkbox"/> SERUM (SST) <input type="checkbox"/> WHOLE BLOOD (EDTA) #1 <input type="checkbox"/> WHOLE BLOOD (EDTA) #2 <input type="checkbox"/> WHOLE BLOOD (HEPARIN) <input type="checkbox"/> URINE Sample #1 <input type="checkbox"/> URINE Sample #2 <input type="checkbox"/> URINE Sample #3	Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
	Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
	Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
	Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
	Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
	Collection Date: _____ / _____ / _____	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
<input type="checkbox"/> MISCELLANEOUS Collection Date: _____ Type: _____ Preservative: _____		Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer

PANELS

Test Panels are tailored to meet the needs of referring healthcare practitioner. Panel discounts only apply towards tests ordered at the same time. Prepay Panel Price as marked.

Please Note: S - Lyme and/or TBRF ImmunoBlot Speciation will be included and reported when ordering Lyme, TBRF, and Tick Borne Disease Panels excluding panels: LPA, LPCR1, *TBD7, and *LU1. Lyme ImmunoBlot Speciation are not yet available to New York Residents.

Patient Information (required)

Name (Last, First, Middle)

Date of Birth (MM-DD-YYYY)

LYME PANELS (Borrelia burgdorferi)

<input type="checkbox"/>	LPA Lyme Panel A	1SST, 1EDTA	\$546.00
	Lyme WB IgM & IgG, Lyme PCR serum & whole blood		
<input type="checkbox"/>	IB1 Lyme ImmunoBlot Panel 1 S	1SST	\$490.50
	Lyme IgG/IgM/IgA Screen, Lyme IB IgM & IgG For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	IB2 Lyme ImmunoBlot Panel 2 S	1SST, 1EDTA	\$686.00
	Lyme IB IgM & IgG, Lyme PCR serum & whole blood		
<input type="checkbox"/>	IB3 Lyme ImmunoBlot Panel 3 S	1SST, 1EDTA	\$752.50
	Panel includes IB2 Panel + #230 Lyme IgG/IgM/IgA Screen For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	*IB4 Lyme ImmunoBlot Panel 4	1SST, 1EDTA, 1Heparin	\$892.50
	Panel includes IB2 Panel + #300 IGXSpot Heparin Tube. Must be received within 48 hours of collection at room temperature		
<input type="checkbox"/>	LPCR1 Lyme Multiplex PCR Panel 1	1SST, 1EDTA	\$371.00
	Lyme Multiplex PCR serum & whole blood		
<input type="checkbox"/>	*LU1 Lyme Urine Panel 1	Urine (3)	\$468.00
	#805 Lyme Dot Blot Assay (3-samples), #465 PCR (pooled samples)		

TICK BORNE RELAPSING FEVER (TBRF) PANELS (Borrelia)

<input type="checkbox"/>	TBRF1 TBRF Panel 1 S	1SST, 1EDTA	\$686.00
	TBRF IB IgM & IgG, TBRF PCR serum & whole blood		
<input type="checkbox"/>	TBRF2 TBRF Panel 2	1SST, 1EDTA	\$371.00
	TBRF PCR serum & whole blood		

BORRELIOSIS PANELS (combinations of Lyme & TBRF testing)

<input type="checkbox"/>	LTP1 Lyme/TBRF Panel 1 S	1SST	\$895.50
	If A Lyme IgG/IgM/IgA Screen ImmunoBlot (IgM & IgG) Lyme, TBRF For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	LTP2 Lyme/TBRF Panel 2 S	1SST, 1EDTA	\$991.25
	If A Lyme IgG/IgM/IgA Screen ImmunoBlot (IgM & IgG) Lyme, TBRF PCR Lyme serum & whole blood For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		
<input type="checkbox"/>	LTP3 Lyme/TBRF Panel 3 S	1SST, 1EDTA	\$1,335.75
	If A Lyme IgG/IgM/IgA Screen ImmunoBlot (IgM & IgG) Lyme, TBRF PCR Lyme serum & whole blood For NY residents, Screen will be replaced with #183 Lyme Serology IgG/IgM		

TICK BORNE DISEASE PANELS

(combines: Lyme, TBRF, Babesia, HME, HGA, Bartonella & Rickettsia)

<input type="checkbox"/>	*TBD4IB Tick Borne Disease Panel 4IB S	1SST, 1EDTA	\$1,662.50
	If A (IgM & IgG) Lyme IgG/IgM/IgA, HME, HGA, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG) Lyme, TBRF, Babesia, Bartonella		
<input type="checkbox"/>	*TBD5IB Tick Borne Disease Panel 5IB S	1SST, 1EDTA	\$1,970.50
	FISH: Babesia & Bartonella If A (IgM & IgG) Lyme IgG/IgM/IgA, HME, HGA, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG) Lyme, TBRF, Babesia, Bartonella		
<input type="checkbox"/>	*TBD6IB Tick Borne Disease Panel 6IB S	1SST, 1EDTA	\$2,712.50
	FISH: Babesia & Bartonella If A (IgM & IgG) Lyme IgG/IgM/IgA, HME, HGA, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG) Lyme, TBRF, Babesia, Bartonella PCR: Lyme serum & whole blood, TBRF serum & whole blood		
<input type="checkbox"/>	*TBD7 Tick Borne Disease Panel 7	URINE	\$495.00
	PCR with urine Lyme #450, TBRF #559, Babesia, Bartonella, HME, HGA, Rickettsia		
<input type="checkbox"/>	TBD8 Tick Borne Disease Panel 8 S	1SST, 1EDTA	\$1,410.50
	FISH: Babesia If A (IgM & IgG) B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG) Lyme, TBRF ELISA (IgM & IgG) Lyme serology		
<input type="checkbox"/>	TBD9 Tick Borne Disease Panel 9 S	1SST, 1EDTA	\$1,627.50
	If A (IgM & IgG) B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG) Lyme, TBRF PCR: Lyme serum & whole blood, ELISA (IgM & IgG) Lyme serology		

TBD10 Tick Borne Disease Panel 10 S 2SST, 2EDTA

FISH: Babesia
If A (IgM & IgG) B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG
ImmunoBlot (IgM & IgG) Lyme, TBRF
PCR: Lyme serum & whole blood, TBRF serum & whole blood
PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia
Only R. rickettsii will be reported for NY residents in Rickettsia PCR
ELISA (IgM & IgG) Lyme serology

***TBD11 Tick Borne Disease Panel 11 S 2SST, 2EDTA**

FISH: Babesia & Bartonella
If A (IgM & IgG) Lyme IgG/IgM/IgA Screen, HME, HGA, R. rickettsii/typhi IgG
PCR: Lyme serum & whole blood, TBRF serum & whole blood
PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia
ImmunoBlot (IgM & IgG) Lyme, TBRF, Babesia, Bartonella

CO-INFECTION PANELS

(combines: Babesia, HME, HGA, Bartonella, Rickettsia)

<input type="checkbox"/>	CP5 Co-Infection Panel 5	1SST, 1EDTA	\$816.00
	If A (IgM & IgG) B. microti, HME, HGA, Bartonella, R. rickettsii/typhi IgG FISH: Babesia		
<input type="checkbox"/>	*CP7IB Co-Infection Panel 7IB	1SST, 1EDTA	\$1,104.00
	If A (IgM & IgG) HME, HGA, R. rickettsii/typhi IgG ImmunoBlot (IgM & IgG) Babesia, Bartonella		
<input type="checkbox"/>	*CP8IB Co-Infection Panel 8IB	1SST, 1EDTA	\$1,456.00
	Panel includes CP7IB Panel + #640 Babesia FISH + #289 Bartonella FISH		
<input type="checkbox"/>	*CP9IB Co-Infection Panel 9IB	1SST, 1EDTA	\$2,376.00
	If A (IgM & IgG) HME, HGA, R. rickettsii/typhi IgG PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia FISH: Babesia & Bartonella ImmunoBlot (IgM & IgG) Babesia, Bartonella		
<input type="checkbox"/>	CP10 Co-Infection Panel 10	1SST, 1EDTA	\$1,736.00
	If A (IgM & IgG) B. microti, HME, HGA, B. henselae, R. rickettsii/typhi IgG PCR-Whole Blood: Babesia, Bartonella, HME, HGA, Rickettsia Only R. rickettsii will be reported for NY residents in Rickettsia PCR FISH: Babesia		
<input type="checkbox"/>	CP11 Co-Infection Panel 11	1EDTA	\$920.00
	PCR with whole blood, Babesia, Bartonella, HME, HGA, Rickettsia Only R. rickettsii will be reported for NY residents in Rickettsia PCR		

BABESIOSIS PANELS

<input type="checkbox"/>	BAB1 Babesia Panel 1	1SST, 1EDTA	\$518.50
	B. microti If A IgM & IgG, Babesia PCR, Babesia FISH		
<input type="checkbox"/>	*BAB2B Babesia Panel 2B	1SST, 1EDTA	\$765.00
	Babesia ImmunoBlot IgM & IgG, Babesia PCR, Babesia FISH		

BARTONELLOSIS PANELS

<input type="checkbox"/>	*BART2I Bartonella Panel 2I	1SST, 1EDTA, 1Heparin	\$633.25
	Bartonella IGXSpot, Bartonella ImmunoBlot IgM & IgG		
<input type="checkbox"/>	*BART3I Bartonella Panel 3I	1SST, 1EDTA, 1Heparin	\$1,015.75
	Panel includes BART2 Panel 2 + Bartonella PCR, Bartonella FISH		
<input type="checkbox"/>	*BART4I Bartonella Panel 4I	1SST, 1EDTA	\$765.00
	Bartonella ImmunoBlot IgM & IgG, Bartonella PCR, Bartonella FISH		

EHRlichiosis PANEL

<input type="checkbox"/>	EP1 Ehrlichiosis Panel 1	1SST, 1EDTA	\$663.00
	If A (IgM & IgG) E. chaffeensis (HME), A. phagocytophilum (HGA) PCR-Whole Blood: E. chaffeensis (HME), A. phagocytophilum (HGA)		

RICKETTSIOSIS PANEL

<input type="checkbox"/>	RP1 Rickettsiosis Panel 1	1SST, 1EDTA	\$331.50
	#965 Rickettsia rickettsii/typhi If A IgG + #998 Rickettsia PCR Only R. rickettsii will be reported for NY residents in Rickettsia PCR		

cePCR TEST PANELS (culture enhanced PCR)

*** Coming Soon *** January 2023 ***

For more information, please visit our website at www.igenex.com
ABN required in advance for all Medicare beneficiaries

<input type="checkbox"/>	Borreliosis cePCR Test Panel	1EDTA	\$875.50
	Lyme PCR + Lyme PCR		
<input type="checkbox"/>	Co-Infection cePCR Test Panel	1EDTA	\$1,402.50
	PCR: Babesia, Bartonella, HME, HGA, Rickettsia		
<input type="checkbox"/>	TBD cePCR Test Panel	1EDTA	\$1,353.00
	PCR: Lyme, TBRF, Babesia, Bartonella, HME, HGA, Rickettsia		

See page 3 for individual tests and CPT Codes ▶

BD-F-018v13 09-30-2022

INDIVIDUAL TESTS

Visit www.igenex.com for the most up-to-date test information.

Patient Information (required)

Name (Last, First, Middle)

Date of Birth (MM-DD-YYYY)

TEST CODE	TEST NAME	PREPAY PRICE	TUBE(S)/SPECIMEN REQUIREMENTS	CPT CODES
▶ IMMUNOLOGY				
___*295	C. pneumoniae IgG ELISA	\$85.00	1 SST/ minimum volume 0.5mL serum	86631
___*296	C. pneumoniae IgA ELISA	\$85.00	1 SST/ minimum volume 0.5mL serum	86631
▶ LYME (Borrelia burgdorferi)				
___*601	Broad Coverage Lyme Ab Assay	\$195.00	1 SST/ minimum volume 0.5mL serum	0042U
___*300	Lyme IGXSpot	\$295.00	1 Full Heparin Must be received within 48 hours of collection at RT	86352
___325	Lyme ImmunoBlot IgM	\$225.00	1 SST/ minimum volume 0.5mL serum	0041U
___*385	Lyme ImmunoBlot IgM Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 325 – Lyme IB IgM	86609 x4
___335	Lyme ImmunoBlot IgG	\$225.00	1 SST/ minimum volume 0.5mL serum	0042U
___*395	Lyme ImmunoBlot IgG Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 335 – Lyme IB IgG	86609 x4
___*230	Lyme IgG/IgM/IgA Screen	\$95.00	1 SST/ minimum volume 0.5mL serum	86618
___183	Lyme Serology IgG/IgM	\$95.00	1 SST/ minimum volume 0.5mL serum	86618
___195	Lyme Serology IgM	\$95.00	1 SST/ minimum volume 0.5mL serum	86618
___188	Lyme Western Blot IgM	\$125.00	1 SST/ minimum volume 0.5mL serum	86617
___189	Lyme Western Blot IgG	\$125.00	1 SST/ minimum volume 0.5mL serum	86617
___*488	31 kDa Epitope IgM	\$125.00	Qualified sample previously tested by Lyme Western Blot IgM	86617
___*489	31 kDa Epitope IgG	\$125.00	Qualified sample previously tested by Lyme Western Blot IgM	86617
___*800	Lyme Dot Blot (1 sample)	\$85.00	Urine – BD Gray Top/ 4mL x2	87449
___*802	Lyme Dot Blot (2 samples)	\$170.00	Urine – BD Gray Top/ 4mL x4 (2 tubes per collection day)	87449 x2
___*805	Lyme Dot Blot (3 samples)	\$255.00	Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day)	87449 x3
___450	Lyme Multiplex PCR – Urine	\$265.00	Urine – BD Gray Top/ 4mL x2	87801 x2
___453	Lyme Multiplex PCR – Serum	\$265.00	1 SST/ minimum volume 2mL serum	87801 x2
___456	Lyme Multiplex PCR – Whole Blood	\$265.00	1 Full EDTA	87476, 87801
___465	Lyme Multiplex PCR – Urine (pooled)	\$265.00	Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day)	87801 x2
___*462	Lyme Multiplex PCR – Miscellaneous	\$295.00	2-3 cm/tissue, or 3mL/fluid	87801 x2
▶ TICK BORNE RELAPSING FEVER (TBRF) – Borrelia				
___*602	Broad Coverage TBRF Borrelia Ab Assay	\$195.00	1 SST/ minimum volume 0.5mL serum	0044U
___345	TBRF ImmunoBlot IgM	\$225.00	1 SST/ minimum volume 0.5mL serum	0043U
___346	TBRF ImmunoBlot IgM Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 345 – TBRF IB IgM	86609 x3
___355	TBRF ImmunoBlot IgG	\$225.00	1 SST/ minimum volume 0.5mL serum	0044U
___356	TBRF ImmunoBlot IgG Speciation	\$100.00	1 SST/ Must be ordered in conjunction with Test 355 – TBRF IB IgG	86609 x3
___	<u>TBRF and B. burgdorferi sensu lato real-time PCR</u>			
___556	TBRF PCR – Whole Blood	\$265.00	1 Full EDTA	87798 x3
___573	TBRF PCR – Serum	\$265.00	1 SST/ minimum volume 2mL serum	87798 x3
___559	TBRF PCR – Urine	\$265.00	Urine – BD Gray Top/ 4mL x2	87798 x3
___562	TBRF PCR – Urine (pooled)	\$265.00	Urine – BD Gray Top/ 4mL x6 (2 tubes per collection day)	87798 x3
___*568	TBRF PCR – Miscellaneous	\$295.00	2-3 cm/tissue, or 3mL/fluid	87798 x3
▶ BABESIOSIS				
___200	B. microti IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86753 x2
___*720	B. duncani IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86753, 87299
___*900	Babesia ImmunoBlot IgM	\$225.00	1 SST/ minimum volume 0.5mL serum	87299, 86753, 86318, 87451
___*905	Babesia ImmunoBlot IgG	\$225.00	1 SST/ minimum volume 0.5mL serum	86753 x2, 86318, 87451
___640	Babesia FISH	\$220.00	1 Full EDTA – do not freeze	88365
___663	Babesia PCR – Whole Blood	\$230.00	1 Full EDTA	87798 x2
___*665	Babesia PCR – Urine	\$230.00	Urine – BD Gray Top/ 4mL x2	87798 x2
▶ BARTONELLOSIS				
___*350	Bartonella IGXSpot	\$295.00	1 Full Heparin Must be received within 48 hours of collection at RT	86352
___*374	Bartonella ImmunoBlot IgM (report 4 species)	\$225.00	1 SST/ minimum volume 0.5mL serum	86611 x2, 86317 x3
___*384	Bartonella ImmunoBlot IgG (report 4 species)	\$225.00	1 SST/ minimum volume 0.5mL serum	86611 x2, 86317 x3
___285	B. henselae IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86317 x2
___*289	Bartonella FISH	\$220.00	1 Full EDTA – do not freeze	88365
___280	Bartonella PCR – Whole Blood	\$230.00	1 Full EDTA	87471
___*282	Bartonella PCR – Urine	\$230.00	Urine – BD Gray Top/ 4mL x2	87471
▶ EHRLICHIOSIS				
___203	HME (Ehrlichia chaffeensis) IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86666 x2
___750	HME (Ehrlichia chaffeensis) PCR – Serum	\$230.00	1 SST/ minimum volume 2mL serum	87798
___770	HME (Ehrlichia chaffeensis) PCR – Whole Blood	\$230.00	1 Full EDTA	87798
___*780	HME (Ehrlichia chaffeensis) PCR – Urine	\$230.00	Urine – BD Gray Top/ 4mL x2	87798
___206	HGA (Anaplasma phagocytophilum) IgM & IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86666 x2
___755	HGA (Anaplasma phagocytophilum) PCR – Serum	\$230.00	1 SST/ minimum volume 2mL serum	87798
___775	HGA (Anaplasma phagocytophilum) PCR – Whole Blood	\$230.00	1 Full EDTA	87798
___*785	HGA (Anaplasma phagocytophilum) PCR – Urine	\$230.00	Urine – BD Gray Top/ 4mL x2	87798
▶ RICKETTSIOSIS				
___965	R. rickettsii & R. typhi IgG IFA	\$160.00	1 SST/ minimum volume 0.5mL serum	86757 x2
___*970	Rickettsia PCR Panel – Urine	\$230.00	Urine – BD Gray Top/ 4mL x2	87798
___998	Rickettsia PCR Panel – Whole Blood	\$230.00	1 Full EDTA Only R. rickettsii will be reported for NY residents in Rickettsia PCR Panel	87798 x2
▶ CENTRAL NERVOUS SYSTEM				
___*810	Lyme Dot Blot – CSF	\$95.00	2mL CSF	87449
___459	Lyme Multiplex PCR – CSF	\$265.00	2mL CSF	87801 x2
___*565	TBRF PCR – CSF	\$265.00	2mL CSF	87798 x3
___281	B. henselae PCR – CSF	\$265.00	2mL CSF	87471
___986	Rickettsia PCR Panel – CSF	\$230.00	2mL CSF Only R. rickettsii will be reported for NY residents in Rickettsia PCR Panel	87798 x2



Courtesy
Third Party Insurance Claim Submission
Use Only
BD-F-010v3 02-18-2020

556 Gibraltar Drive | Milpitas | CA 95035-6315 T: (800) 832-3200 | F: (408) 935-8272 | www.igenex.com

COURTESY THIRD PARTY INSURANCE CLAIM SUBMISSION

IGenex provides services to you on a direct payment basis, and does not accept any form of third party insurance. We can process your out-of-network claim submission for you with insurance companies listed below as a courtesy.

Please note:

- We are NOT an in network provider and do not accept insurance reimbursement
 - You will need to prepay for your services rendered at IGenex at the time the specimen is sent. We accept Visa, MasterCard, Discover, American Express, Personal Checks or Money Orders
 - We will perform a courtesy out-of-network claim directly with your insurance company
 - We will NOT follow up with YOUR insurance company on claim status, denials, perform any appeals or forward claims to your secondary insurance company. That is your responsibility
 - We cannot file claim(s) on behalf of the patient for services provided by your referring physician
 - In cases where the insurance company sends explanation of benefits and/or reimbursement to IGenex, we will reimburse the amount received
 - If we are unable to bill your insurance we will inform you so you may file the claim yourself
 - Be sure your referring physician has provided the appropriate diagnosis code(s) on test requisition form
 - If your insurance company is not listed, please check our website at www.igenex.com for an up-to-date list
- If you would like us to submit your claim to your insurance on your behalf, please provide a copy of the front and back of your insurance card and complete the following required fields to properly file insurance claims:

THIRD PARTY INSURANCE INFORMATION

Patient's Last Name		Patient's First Name		Middle Initial
Gender		Relationship to Insured		
Patient's Date of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>		
Primary Insurance Carrier		Policy ID Number		
Primary Insurance Carrier		HMO <input type="checkbox"/> PPO <input type="checkbox"/>		
Primary Insured's Last Name (if different from patient)		Primary Insured's First Name (if different from patient)		
Insured's Gender		Primary Insurance Carrier's Telephone		
Male <input type="checkbox"/> Female <input type="checkbox"/>		City		
Primary Insurance Claim Submission Address:		State		
		Zip Code		

I authorize IGenex to release information received including, without limitation, medical information, which includes laboratory test results, to my health plan/ insurance carrier and its authorized representatives. I further understand IGenex will be filing an out-of-network claim to my insurance company on my behalf. I further acknowledge and accept financial responsibility for all services rendered at IGenex Reference Laboratory.

Insured's or Authorized Person's Signature

Print Name

Today's Date

If your health insurance company is not listed below, it means IGenex is currently not contracted as an out-of-network provider with the cost of each procedure will be mailed to patient or responsible party. Please submit the statement to your health insurance carrier for possible reimbursement based upon your plan coverage.

AARP
Aetna
Aetna Better Health (LA, MO)
Banner Health - AZ
Blue Cross
Blue Cross Blue Shield
CoreSource (MN, NC, PA)
CoreSource (AZ, IL, MD)
Cigna Healthsprings Bravo
Cigna Healthcare
Cigna Healthplan MN
HealthSmart Benefits Solutions - WV
Humana
Mercy Care AZ
People Health Networks - MS
Secure HP - CA
UnitedHealthcare
VAPCC 1 2 4
Wausau

NOTE: Your Healthcare information will be kept confidential, any information that we collect about you on this form will be kept in our office.