Acutis Reveal™ test requisition

Acūtis
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CLIA ID 33D2087537 PFI 8944

Specimen identifier stickers

R 11112020
Date of birth ... / ... / ...
Patient name ...

R 11112020
Date of birth ... / ... / ...
Patient name ...

R 11112020

A Enter key information

Patient information

*Required fields

Last name* ... First name* ... MI ...
Date of birth* ... / ... / ... Gender ☐ M ☐ F
Address ... City ... State ... Zip ...
Phone number ... Email ...

Billing information

Diagnosis code(s)* ...
☐ Medicare ☐ Medicaid ☐ 3rd party insurance ☐ Self-pay ☐ Copy of insurance card(s) attached
Primary insurance carrier ...
Policy I.D.# ... Group ...

Account number

B Order targets based on medical necessity

Acutis reveal™ respiratory infection test (RIT)

Nasopharyngeal swab

Date collected* ... / ... / ... Time* ... : ... ☐ AM ☐ PM

☐ Viral (Checking box will indicate all viral pathogens listed below.)

Choosing more than 5 pathogens may not be considered medically necessary by some health plans.

- ☐ Adenovirus
- ☐ Coronavirus HKU1
- ☐ Coronavirus NL63
- ☐ Coronavirus 229E
- ☐ Coronavirus OC43
- ☐ Human bocavirus
- ☐ Human metapneumovirus
- ☐ Influenza A
- ☐ Influenza A H1
- ☐ Influenza A H3
- ☐ Influenza B
- ☐ Parainfluenza virus 1
- ☐ Parainfluenza virus 2
- ☐ Parainfluenza virus 3
- ☐ Parainfluenza virus 4
- ☐ Respiratory syncytial virus A
- ☐ Respiratory syncytial virus B
- ☐ Rhinovirus / Enterovirus

☐ Bacterial (Checking box will indicate all bacterial pathogens listed below.)

- ☐ *Chlamydophila pneumoniae*
- ☐ *Mycoplasma pneumoniae*

Acutis reveal™ pharyngeal infection test (PIT)

Pharyngeal swab in Amies media

Date collected* ... / ... / ... Time* ... : ... ☐ AM ☐ PM

☐ Bacterial

- *Streptococcus pyogenes*

Acutis reveal™ gastrointestinal infection test (GIT)

Cary-Blair media

Date collected* ... / ... / ... Time* ... : ... ☐ AM ☐ PM

Choosing more than 5 pathogens may not be considered medically necessary by some health plans.

☐ Viral (Checking box will indicate all viral pathogens listed below.)

- ☐ Adenovirus 40/41
- ☐ Norovirus GI/GII
- ☐ Rotavirus A

☐ Bacterial (Checking box will indicate all bacterial pathogens listed below.)

- ☐ *Campylobacter jejuni / coli / lari*
- ☐ *Clostridium difficile* toxin A / B
- ☐ *Escherichia coli* O157
- ☐ Enterotoxigenic *Escherichia coli* (ETEC) LT / ST
- ☐ *Salmonella*
- ☐ Shiga-like toxin producing *Escherichia coli* (STEC) stx 1 / stx 2
- ☐ *Shigella boydii / sonnei / flexneri / dysenteriae*
- ☐ *Vibrio cholerae* toxin (ctx)
- ☐ Exclude *Clostridium difficile* toxin A / B**

☐ Parasitic (Checking box will indicate all viral pathogens listed below.)

- ☐ *Cryptosporidium parvum / hominis*
- ☐ *Giardia lamblia*
- ☐ *Entamoeba histolytica*

**Selecting this checkbox will exclude this pathogen from the Acutis Reveal GIT bacterial test menu.
According to the Centers for Disease Control and Prevention, and the Infectious Diseases Society of America, Clostridium difficile testing should not be routinely performed in children with diarrhea who are 1–2 years of age unless other infectious or noninfectious causes have been excluded.

C Patient authorization

The specimen I have provided was done so voluntarily and I authorize Acutis Diagnostics to process, bill and provide results. I acknowledge and agree to the terms of the Patient Authorization and Assignment of Benefits on the back of this form.

Patient signature ... Date ... / ... / ...

D Provider authorization

I certify that I have ordered all testing listed above for the medically necessary monitoring, care and treatment of above listed patient. I acknowledge that documentation to support medical necessity for all test(s) ordered is recorded in the patient's chart. I further acknowledge and agree to the Provider Authorization and Certification of Medical necessity on the back of this form.

Authorized healthcare provider signature* ... Date ... / ... / ...

For laboratory use only

Acūtis

Patient authorization and irrevocable assignment of benefits

I certify that the sample was provided without tampering. I authorize Acutis Diagnostics to release the results to the ordering provider. The laboratory is authorized to bill my insurance provider(s), or any payer, whether fully or partially insured and I will irrevocably assign any payment of benefits, claims, appeal rights and interest related to the services performed by the laboratory with any payer.

I understand that in some cases, Acutis may be out-of-network or that my insurer will send payment directly to me. In the event payment is made to me, I agree to endorse the insurance check and forward it to Acutis within 30 days. My failure to forward the insurance check may result in my account being forwarded to collections or to a credit bureau. If related to no fault, I authorize assignment of benefits towards payment of services provided by Acutis. I understand that I may be responsible for charges after processing by insurance including deductible and copay/coinsurance. In the event I do not have insurance coverage, I may be fully responsible for all charges.

Provider authorization and certification of medical necessity

I acknowledge all tests are reasonable, appropriate, and medically necessary for the monitoring, care, and treatment of the patient, as documented by the patient's records. Acutis Diagnostics emphasizes the importance of testing based on medical necessity. I agree to provide documentation upon request, from the patient's medical chart, supporting medical necessity of tests ordered within 15 days of the request.

I acknowledge a listing of all applicable CPT/HCPCS codes will be made available to me upon request from the laboratory. I further acknowledge the laboratory's Annual Provider Notice is available on their website.

For Reveal™ respiratory infection test (RIT)

Please note that the performance of this test has not been established for patients without signs and symptoms of respiratory infection. Results from this test must be correlated with the clinical history, epidemiological data, and other data available to the practitioner who is evaluating and/or treating the patient. Viral and bacterial nucleic acids may persist in vivo independent of organism viability.

For Reveal™ gastrointestinal infection test (GIT)

Please note that the performance of this test has not been established for patients without signs and symptoms of gastrointestinal illness. Virus, bacteria and parasite nucleic acid may persist in vivo independently of organism viability. Results from this test must be correlated with the clinical history, epidemiological data, and other data available to the practitioner who is evaluating and/or treating the patient. Additionally, some organisms may be carried asymptomatically.

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