SIMPLE LABORATORIES

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RESPIRATORY REQUISITION

SMP REQUISITION - REV. RESP10012020

BILLING INFORMATION

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF BIRTH | SEX ☐ M ☐ F — PLEASE ATTACH A COPY OF PATIENT ID

PATIENT ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER

BILL TO: ☐ FACILITY ☐ PATIENT ☐ INSURANCE ☐ MEDICAID ☐ MEDICARE ** ATTACH ABN FORM

☐ PATIENT UNINSURED, BILL HRSA
If HRSA is selected, enter Social Security No. or Driver's License No. (REQUIRED): _____

INCLUDE ALPHA CHARACTERS

PRIMARY INSURANCE NAME — ATTACH COPY OF BOTH SIDES OF CARD	SECONDARY INSURANCE NAME — ATTACH COPY OF BOTH SIDES OF CARD
INSURED NAME	INSURED NAME
RELATIONSHIP ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	RELATIONSHIP ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER
MEMBER ID/GROUP	MEMBER ID/GROUP
INSURED ADDRESS	INSURED ADDRESS

DATE COLLECTED | TIME COLLECTED ☐ AM ☐ PM | COLLECTED BY — WRITE PATIENT'S NAME ON ALL SPECIMENS

CLINIC INFORMATION: ID / NAME

ADDRESS

CITY, STATE *ZIP*

PHONE *FAX*

PROVIDER ID / NAME

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PROVIDER SIGNATURE

PATIENT AUTHORIZATION

SIGNATURE REQUIRED

I certify that I have voluntarily provided specimen for analytical testing. The information provided on this form and on the specimen container is accurate. I authorize Simple Laboratories to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to Simple Laboratories for services I received. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Simple Laboratories within 30 days of the receipt. Simple Laboratories will make every effort to seek reimbursement from third-party payors and governmental programs if patient would like their insurance billed. In the event my insurance is out of network with Simple Laboratories, and they will not pay Simple Laboratories for the services incurred on this requisition, I agree to pay for these services at Simple Laboratories published patient prices for these services. Failure to do so may result in my account being forwarded to collections and reported to a credit bureau. Simple Laboratories is not in network with Aetna, Cigna, or Humana. I understand that Simple Laboratories may use the specimen and any testing performed on that specimen, for research, development, and potential publication purposes, so long as the information has been property de-identified pursuant to the law. I understand Federal legislation enacted in March 2020 requires comprehensive private health insurance plans to cover this test and provides funds for reimbursement to providers for COVID-19 testing for uninsured patients. By choosing to pay out-of-pocket, I am electing not to seek reimbursement through this mechanism. If "Bill HRSA" is selected above, I hereby attest that I do not have insurance (either through an employer, private, or marketplace), Medicaid, Medicare, or any other form of healthcare reimbursement coverage.

PROFILES

PROFILES ARE MADE FOR PROVIDER CONVENIENCE. PROVIDER CAN ORDER INDIVIDUAL TESTS OR REQUEST CUSTOM PROFILES

SWAB / Source:
- ☐ Nasopharyngeal (NP) Swabs
- ☐ Oropharyngeal (OP) Swabs
- ☐ Sputum
- ☐ Anterior Nasal

- ☐ **061031 / COVID-19, RT PCR**
- ☐ **061033 / INFLUENZA A + B + COVID-19, RT PCR**
- ☐ **061032 / INFLUENZA A + B, RT PCR**

SERUM / Yellow Top

- ☐ **013013 / COVID-19 IGG AND IGM**
- ☐ **BF** / PROCESSING FEE (For Simple Laboratories Collectors Only)
  - ☐ **013014 / SARS-COV-2 IGG**
  - ☐ **013015 / SARS-COV-2 IGM**

PROVIDER MEDICAL NECESSITY NOTICE: *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 the Inspector General takes the position that a provider who orders medically unnecessary tests for with Medicare or Medicaid reimbursement is claimed may be subject to penalties under the False Claims Act.*

DIAGNOSIS CODES (√)

The following diagnosis codes are listed as a convenience only. Ordering providers should use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed below.

RESPIRATORY:

- J20.9 ☐ Acute bronchitis, unspecified
- J05.0 ☐ Acute obstructive laryngitis (croup)
- J06.9 ☐ Acute upper respiratory infection, unspecified
- J00 ☐ Common Cold
- Z11.2 ☐ Encounter for screening for other bacterial dis.
- Z11.8 ☐ Encounter for screening for other infectious & parasitic dis.
- Z11.59 ☐ Encounter for screening for other viral diseases
- A49.3 ☐ Mycoplasma infection, unspecified
- B96.0 ☐ Mycoplasma pneumonia as cause of dis. classified elsewhere
- J22 ☐ Unspecified, acute lower respiratory infection
- J42 ☐ Unspecified, chronic bronchitis

COVID-19:

- B34.2 ☐ Coronavirus infection, unspecified
- B97.29 ☐ Other coronavirus as the cause of dis. classified elsewhere
- U07.1 ☐ COVID-19
- Z03.818 ☐ Encounter for observation for suspected exposure to other biological agents ruled out
- Z20.828 ☐ Contact with and (suspected) exposure to other viral communicable dis.

ADDITIONAL DIAGNOSIS:

CBT/MUT INITIALS

FOR LAB USE ONLY

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