


How to prepare the Genova Diagnostics PayAssured™ Requisition



PayAssured Insurance Billing

Requisition

Physician Information
 Nova Medical Group
 21785 Filgree Ct
 Site 100
 Ashburn, VA 20147
 Please circle ordering practitioner:
 W Adeshina (A41V), T Balazs (A41Y),
 R Borner (A35W), C Coloma (A35W),
 C Conolly (A05A), S Cohen (A35W),
 F Javed (A35W), R Johnson (A41V),
 T Kasloian (A41C), G Keenan (A05R),
 A Kishen (A05L), T Kinsler (A35W),
 N Marju (A41V), S Marshak (0707),
 R McAndrew (A35W), K Milan (A41V),
 R Mough (A35W), S Navid (A41Y),
 H Nowle (A35W), L Oelrich (A35W),
 H Phillips (A41V), Roney-Leigh (A42A),
 J Runner (A41V), S Shickel (A35W),
 R Yang (A41V)

PLEASE FILL OUT ALL INFORMATION ON FRONT & BACK

Sample Type: (Check all that apply)
 Stool Urine
 Blood Hx
 Fasting Salt

Date Final Sample Collected:
 Mo. Day Year

1 **4**

THIS SPACE FOR LAB USE ONLY

Profile Components:

Profile Components:	CPT	ICD-9 (see Key for Conditions)	Other ICD-9
Testosterone	84400	255.9	255.41
Anti-Tetrahynocyclin (p-THF)	82491	255.2	255.41
Progesterol	84158		
Tetrahydrocortol (THF)	82491		
Tetrahydrocortone (THE)	81		
Tetrahydrocortisol (THS)	84		
DHEA	2629	255.2	255.41
Androstene	82100		
Exocholantone	82096		
11-Hydroxy-androstene	85990		
11-Hydroxy-androstanolone	85990		
11-Keto-androstene	85990		
11-Keto-androstanolone	85990		

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ADD-ON TEST

ADD-ON TEST	CPT	ICD-9	Other ICD-9
Cortisol	82530	255.2	255.41
Dawson Hormone	83000	783.41	783.21
Talidomycin (T3)	84480	244.9	245.2

THIS SPACE FOR LAB USE ONLY

Physician's Signature

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PLEASE REFER TO THE PayAssured Insurance Billing Guide on the reverse side of this form for additional, important details.

IMPORTANT: Please select an ICD-9 diagnostic code for each test if one of the provided codes are appropriate for your patient, or provide the ICD-9 code that applies to your patient in the space labeled "Other ICD-9".

Individual Diagnosis Codes are required for Medicare and insurance billing.

PLEASE FILL OUT ALL PATIENT AND BILLING INFORMATION ON BACK SIDE OF REQUISITION

NOTICE: All ICD-9 codes listed above are the same for all profile components that feature, unless presented with a new set of ICD-9 codes.

THIS SPACE FOR LAB USE ONLY

KEY: ICD-9 Codes and Conditions

244.9 Unspecified hypothyroidism	625.3 Dysmenorrhea
245.2 Chronic lymphocytic thyroiditis	729.81 Swelling of limb
255.2 Adrenogenital disorders	780.79 Malaise and fatigue, NOS
255.41 Glucocorticoid deficiency	783.1 Abnormal weight gain
255.42 Mineralocorticoid deficiency	783.21 Abnormal loss of weight
258.0 Hypertension	783.22 Underweight
258.4 Polycystic ovaries	783.41 Failure to thrive
302.72 Psychosocial dysfunction associated with clinical status	
625.4 Premenstrual tension syndrome	

THIS SPACE FOR LAB USE ONLY

- 1** Indicate sample type
- 2** Select test markers and record their diagnosis codes from the available list, or supply your own in the "Other ICD-9 Code" space.
This section is a customized printout identifying individual test components for each profile. For Genova Diagnostics to file for Medicare or Insurance compensation, you must clearly mark each component you are ordering and specify its diagnosis code.
- 3** Physicians please sign the form
A physician's signature allows the lab to identify the ordering doctor within the practice. This allows the lab to communicate with the physician during processing if necessary.
- 4** Record final collection date
Date Final Sample Collected box must be filled in for prompt processing. The physician or patient will fill this in depending on the sample collection type.

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Patient Information

Social Security #: _____ Gender: M F
 Name (last): **5** _____ (first): _____ (middle): _____
 Date of Birth: _____ Age: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Country: _____ Email: _____

Responsible Party Information: (if different from patient)

Name (last): _____ (first): _____ (middle): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Social Security #: _____

Billing Options Check only one option below

Bill Healthcare Practitioner Account
 If nothing is indicated, Practitioner Account will be billed

Bill Medicare
 Please attach a copy of your Medicare card and complete the Insurance Information section

Bill Insurance: PayAssured Program
 Include Insurance Information and PayAssured Fee*
 Amount Enclosed: \$ _____

No Insurance Billing: Prepayment Enclosed
 Include payment in full* - A receipt will be provided for you to file your own insurance claim
 Amount Enclosed: \$ _____

* Please check with your Practitioner for these payment amounts

Payment Information Section

Payment from: Practitioner or Patient **9**

Payment type:
 Check/Money Order Credit Card
 Check # _____ OR Credit Card # _____
 *Make checks payable to US dollars to Genova Diagnostics

Accept one:
 MasterCard Visa
 Discover AMEX

Credit Card #: _____
 Expiration Date: _____
 Cardholder Signature: _____
 Printed Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____

Insurance Information (Please clearly indicate Medicare, Medicaid patients; see reverse side for important information)

Fill out this section only if you intend for Genova Diagnostics to file a claim on your behalf. Contact your health care practitioner for pricing. Genova Diagnostics does not participate in any HMO or other managed care contracts, so out-of-network benefits may apply. It is your responsibility to verify insurance coverage. Genova Diagnostics does not guarantee insurance coverage. Please call your insurance company for pre-authorization, renewal, and/or benefit verification, relating to the CPT code(s) listed by codes ordered on the requisition. Attach a copy of both sides of your insurance card to this form.

Primary
 Insurance Company: _____ **8**
 Claims Address: _____
 City/State/Zip: _____
 Phone #: _____
 Subscriber Name: _____
 Subscriber ID #/Medicare #: _____
 Group #: _____
 Subscriber Date of Birth: _____
 Relation to Patient: Self Spouse Other _____

Except in the case of prepayment, I authorize a payment of all medical benefits to be paid directly to Genova Diagnostics and I warrant that I am the insured or beneficiary of the insurance policy. I permit a copy of this requisition to be used in place of the original.
 Patient/Responsible Party Signature (prepay) **10** _____

Pay Assured Insurance Billing Program
 Reduces Patient Out-Of-Pocket Expenses
 If participating in the PayAssured program, you must remember:

- AETNA, Humana, Principal and Tufts insurance carriers are NOT eligible for the PayAssured program. If you are covered by one of these insurers you may want to take advantage of our Patient Prepay plan.
- Government programs including Medicare, Medicaid, CHAMPUS, and Tricare are NOT eligible for the PayAssured program. Genova Diagnostics is only contracted with Medicaid in North Carolina, Tennessee, Minnesota and Oregon.
- Must include your Pay Assured fee (check or credit card information). Please check with your Healthcare Practitioner for the appropriate amount.
- Must include a copy (both front and back) of your **6** card. Please check with your Health Care Practitioner for the appropriate fee amount.
- Ensure your practitioner provided a diagnosis code (ICD-9) and each profile component, i.e. ICD-9 code.
- Your practitioner must provide their National Provider Identifier (NPI) in order to file your insurance claim.
- Most importantly, should you receive payments directly from your insurance company for the lab services provided, promptly forward the insurance payments received from your insurance company to Genova Diagnostics along with a copy of the Explanation of Benefits (EOB).

Follow all of the above steps. Failure to follow any of these steps will cause you to be excluded from the benefits of the PayAssured Program and may cause you to be billed at full list price.

Patient Acknowledgement I have read the PayAssured Insurance Billing Guidelines, and I understand my responsibilities as described within these guidelines.
 (Please read and sign below):
 Patient Name: _____
 Date: _____
 Signature: _____

Genova Diagnostics
 Innovative Testing for Optimal Health

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- 5 Have patients fill out and sign Patient Info section**
 To accession a patient in our laboratory computer system, the patient's information must be clearly legible on the form.
- 6 Read the PayAssured™ Guidelines**
 Patients with Medicare, Medicaid, CHAMPUS, or Tricare coverage should carefully read the PayAssured™ Guidelines as they are not eligible for the PayAssured™ insurance billing program. If patient chooses to use the PayAssured™ program they must sign at the bottom of the guidelines.
- 7 Choose the billing method**
 Place a checkmark in one of the four boxes to select method of payment for the test. The

patient's test cannot be processed until this section is completed. **IMPORTANT:** If you choose the **PayAssured™** or **Medicare** for the billing option you are required to specify individual test markers and diagnosis codes for each test you order. (see STEP 2 on page 1).

- 8 Genova Diagnostics claims filing**
 Patients fill out this section ONLY if they want Genova Diagnostics to file a claim on their behalf
- 9 Optional: Prepay**
 Available only if payment for testing is enclosed, physician or patient must provide check or credit card information.
- 10 Sign the Requisition**

Congratulations! Knowing how to complete the form properly will save you valuable time. If you have any further billing questions, please contact us at www.GDX.net, or call our business office at 888-201-8333.

