

BeScreened™-CRC

Test Requisition Form



Beacon Biomedical Inc.

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Phoenix, AZ 85034 Phone: 480.757.9037
CLIA Number 03D2122615, NPI: 1528561362

PATIENT	Patient Last Name:		First:	MI:	Patient DOB	Sex	SSN	
							- NA -	
	Patient Address:				Phone: _____			
					Email: _____			
					Send Results: <input type="checkbox"/> By Mail <input type="checkbox"/> My Email <input type="checkbox"/> To My Doctor (see below)			
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Pacific Islander								
1. Medical History: Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Any personal or family history of colorectal cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
PAYMENT & BILLING INFORMATION	Payment Preference:		Self-Pay: A contact phone number is REQUIRED for credit card billing. By providing this number, patient/individual is authorizing Beacon Biomedical to call for credit card payment information.					
	<input type="checkbox"/> Self-Pay Credit Card		TELEPHONE NO.: _____					
	<input type="checkbox"/> Insurance							
	Insurance Information: If using insurance, complete the following section and attach a copy of front and back of patient's primary and, if applicable, secondary insurance card. Note: Billing CPT Code for BeScreened-CRC is 0163U ; and Diagnostic Codes are Z12.11, Z12.12, Z13.811							
	Insured Last Name: _____ First Name: _____ Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse Primary Insurance Carrier: _____ Employer Name: _____ <input type="checkbox"/> Dependent Member ID: _____ Group Name/ID: _____ Carrier Phone Number: _____ Secondary Insurance Carrier (if applicable): _____ Member ID: _____ Group Name/ID: _____ Carrier Phone Number: _____							
PATIENT AUTHORIZATION/ASSIGNMENT (Required): I authorize Beacon Biomedical Inc. to obtain & release relevant medical and other information and to directly bill & submit claims to my insurance providers for laboratory services that Beacon provides to me. I assign insurance benefits to Beacon & acknowledge that charges not covered or exempt by insurance (e.g. no balance billing policies) including applicable co-payments & deductibles, are my responsibility & I agree to pay for such charges. Patient Signature: _____ Print Name: _____ Date: _____								
PHYSICIAN INFO & MEDICAL NECESSITY	Medical Reason/Necessity: I affirm this test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom or disorder, and the results will be used in the medical management and treatment decisions for the patient. I confirm that the person listed in the "Ordering Physician" space below is authorized by law to order the test(s) requested herein. Test is indicated for patients 45-75 years of age at average risk for colorectal cancer, who are non-compliant with colorectal cancer screening and who are <u>unable or unwilling</u> to participate in screening using other screening tests, such as fecal-based tests or colonoscopies. Not intended for high risk patients with a personal history of cancer, patients who are pregnant or nursing, that are receiving chemotherapy or radiation, or who are less than 60-days a post-surgical procedure or a myocardial infarction.							
	Physician Name (Printed)		Physician Signature			Date		
	Practice Name:		Practice Street Address:			Practice City, State, Zip Code:		
	Practice Phone Number:		Reporting E-Mail Address:			Reporting Fax Number:		
Preferred Reporting Method <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail		Physician NPI Number:			If ACO/IPA, ID & Phone Number:			
SAMPLE	Date of Specimen Collection:		Time of Collection:	Phlebotomist's Initials:	Collection Site ID:			
	/ /				Physician's Office <input type="checkbox"/> CCL <input type="checkbox"/> Site ID: _____ SQL <input type="checkbox"/>			
Date of Specimen Received		Time Received:	Beacon ASSN #	Sonora Quest Lab Acct/Codes				
/ /				<input type="checkbox"/> Beacon SQL Account No. 1650 <input type="checkbox"/> Pass-through Code 906874				