



GENETIC ASSAYS

A Molecular Diagnostics Laboratory
4711 Trousdale Drive, Suite 209 • Nashville, TN 37220
615-781-0709 • Fax 615-781-0766 • 800-390-5280
www.geneticassays.com

For Genetic Assays Use Only

Accession #: _____
Date Received: _____ Time Received: _____
Technician: _____ Specimen/Volume: _____

Client Information

Account # _____
Account Name _____
Street Address _____
City, State Zip _____
Ph: _____
Fx: _____

Call Fax Results to _____

Patient Information

Patient's Name: _____
(Last, First, MI)
Patient/Specimen I.D.#: _____
Sex: _____ Date of Birth: _____ Age: _____
Date Collected: _____ Time Collected: _____
Specimen Type: _____
Physician: _____ NPI#: _____
ICD-10 Code (MUST BE PROVIDED): _____

Billing Information

Bill Client Directly Bill Insurance - Provide info below or attach copy of insurance card (front **and** back) and demographic sheet.

Insurance Company: _____
ID #: _____ Group #: _____
Subscriber Name: _____ DOB: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
Insurance Co. Phone #: _____

Patient Relationship to Insured: Self Spouse Other _____
Patient's Social Security: _____
Patient's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____

FOR MEDICARE PATIENTS: I authorize any holder of medical or other information about me to release to the health care financing administration or its intermediaries or carriers or any other government agency or insurance carrier responsible for payment, any information needed for this or related Medicare or other claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment shown; **(Medicare will only pay for services that it determines to be reasonable and necessary under Section 1862 (a) (1) of the Medicare Law. There may be certain molecular genetic tests that are ordered which your physician feels are necessary for the maintenance of good health that are not covered by your insurance contract. You will be expected to pay for those services in full.)** I have read your policy and agree to pay for services not covered by my contract as indicated by my signature. I understand that my doctor has ordered molecular genetic tests to be performed by Genetic Assays, Inc. Laboratory.

Medicare Patient's Signature: _____ Date: _____

Frequently Requested Assays: For additional testing needs, please call Client Services.

- 824 Bacterial Vaginosis Panel by PCR
- 3702 Cytomegalovirus (CMV) DNA by Real- time PCR (Quantification)
- 3427 Diarrhea Panel with C.diff (DP) by multiplex RT-PCR
- 3427N Diarrhea Panel without C.diff (DP) by multiplex RT-PCR
- 900 HSV-1&2 DNA by Real-time PCR
- 6111 Epstein-Barr Virus (EBV) DNA by Real- time PCR (Quantification)
- 250 Mycobacteria DNA by PCR
- 275 Mycobacteria DNA by PCR w/ AFB Stain & Culture
- 7638 Pneumonia Panel by multiplex RT-PCR
- 2019 Respiratory Virus & Bacteria Panel w/Covid-19 (RVBP) by multiplex RT-PCR
- 8425 Tick-Borne Ehrlichiosis Panel by Real-time PCR
- 101 Trichomonas vaginalis DNA by PCR