



RPP TEST REQUEST FORM

817-882-6900
www.cqentia.com

Date: / /

Time of collection :

Source: Nasopharyngeal Swab

INSTRUCTIONS

1. Please PRINT CLEARLY when providing required information to ensure proper processing.
2. Provide all primary/secondary insurance information; or attach copies of patient insurance cards (front and back) in a face sheet appended to this form.

PATIENT INFORMATION (required)

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
STREET ADDRESS		CITY	STATE
ZIP CODE	PREFERRED CONTACT PHONE NO.		THIS IS A
<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work	GENDER
<input type="checkbox"/> Male	<input type="checkbox"/> Female		

PATIENT INSURANCE INFORMATION (required)

Please include a photocopy of insurance card(s) (both sides). *Self Pay please provide patient email and phone number for PayPal Invoice.

PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

- Medicare Medicaid Insurance Self Pay

PRIMARY INSURANCE CARRIER	PRIMARY INSURANCE POLICY/ID NO.	PRIMARY INSURANCE GROUP NO.
PATIENT RELATIONSHIP TO INSURED		
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent
<input type="checkbox"/> Other		
SECONDARY INSURANCE CARRIER	SECONDARY INSURANCE POLICY/ID NO.	SECONDARY INSURANCE GROUP NO.

* Cash Pay Patient Phone No.:

Patient Email:

PANEL OPTION and ICD-10 CODES (required)

- RPP
- | | | |
|--------|---------------------|------------------|
| R06.02 | Shortness of breath | Alternate ICD-10 |
| R05 | Cough | _____ |
| R09.3 | Abnormal sputum | _____ |

REASON FOR ORDERING TESTS / COMMENTS

- Screening for pathogen exposure
- Current symptoms:
- _____
- _____
- _____

(If you require alternate ICD-10 Codes, please refer to the reverse side)

FOR LAB USE ONLY:

PRACTICE/CLINIC INFORMATION (required)

PRACTICE/CLINIC NAME	PHYSICIAN NPI NUMBER
PRACTICE/CLINIC ADDRESS	
PHONE NO.	EMAIL ADDRESS

PHYSICIAN AUTHORIZATION (required)

PHYSICIAN NAME	PHYSICIAN SIGNATURE
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PATIENT CONSENT

REIMBURSEMENT: CQentia Labs (CQ) will make every reasonable effort to obtain reimbursement for the ordered tests above. I hereby authorize CQ to release to Medicare and/or any insurance carrier providing medical benefits to me and any health plan to which I am a member any and all medical or other information necessary for claims purposes. I hereby authorize payment of medical insurance benefits to the party who bills for these claims and accepts assignments. I understand that if my insurance company pays me directly for the services provided by CQ that I am responsible for forwarding such payment to CQ. I understand that I am responsible for any outstanding balances, deductible/co-payments as required by my plan. INFORMED CONSENT OF GENETIC INFORMATION: I consent to having genetic analysis performed and the results of the analysis made available to my physician (where requested). This signed test request form authorizes CQ to perform the test and disclose the results to my medical practitioner (where requested). No tests other than those requested above will be performed. I authorize CQ to retain this specimen for future testing as requested.

PATIENT NAME (please print)	PATIENT SIGNATURE	COLLECTION DATE
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NOTE: For the convenience of the ordering physicians, the below ICD-10 codes are listed. Physicians are not required to use these codes but should report the diagnostic codes that best describes the reason for performing the test.

RPP DIAGNOSIS ICD-10 CODES

SECTION	MARK (✓)	ICD-10	DESCRIPTION
		R06.9	Abnormalities of breathing, unspec.
		R06.02	Shortness of breath
		R06.2	Wheezing
		R06.00	Dyspnea, unspec.
		R06.09	Other forms of dyspnea
		R06.3	Periodic breathing
		R06.83	Snoring
		R06.89	Other abnormalities of breathing
		R06.1	Stridor
		R05	Cough
		R09.3	Abnormal sputum
		R07.9	Chest pain, unspec.
		R07.2	Precordial pain
		R07.1	Chest pain
		R07.81	Pleurodynia
		R07.89	Other chest pain
		R07.82	Intercostal pain
		R09.89	Other specified symptoms involving the circulatory & respiratory system
		R06.6	Hiccough
		R50.83	Postvaccination fever
		R50.9	Fever, unspec.
		R53.82	Chronic, fatigue, unspec.
		R53.83	Other fatigue
		R68.83	Chills (without fever)