

Patient Information	
Last / First / M.I.	
Address / Unit #	
City / State / Zip	
Phone #	Male <input type="radio"/> Female <input type="radio"/> Weight: _____ Height: _____
Date of Birth	SSN
Bill To: <input type="radio"/> Medicare <input type="radio"/> Client <input type="radio"/> Insurance <input type="radio"/> Medicaid <input type="radio"/> Patient	Policy #
	Group #
Carrier	Medicaid # / State

Provider Information	
Client Name	
Address / Suite #	
City / State / Zip	
Phone #	Date of Service:
Ordering Physician	
Collection Date	Time AM <input type="radio"/> PM <input type="radio"/>
Phleb Name	<input type="radio"/> Fasting <input type="radio"/> Non-Fasting

**Please Attach Demographics and Copy of Insurance Card**

Basic Clinical Panels	
<input type="checkbox"/> Acute Hepatitis Panel	80074 SST
<input type="checkbox"/> Basic Metabolic Panel	80048 SST
<input type="checkbox"/> Comp Metabolic Panel	80053 SST
<input type="checkbox"/> Electrolytes Panel	80051 SST
<input type="checkbox"/> Hepatic Function Panel	80076 SST
<input type="checkbox"/> Lipid Panel w/ risk factors	80061 SST
<input type="checkbox"/> Endocrinomic Profile	(panel) RED

Hematology & Anemia	
<input type="checkbox"/> CBC W/Diff & Plts	85025 LAV
<input type="checkbox"/> Ferritin	82728 SST
<input type="checkbox"/> Vitamin B-12	84425 SST
<input type="checkbox"/> Folate	82746 SST
<input type="checkbox"/> Iron	83540 SST

Urinalysis (Cup or Tube)	
<input type="checkbox"/> Urinalysis	81001 U
<input type="checkbox"/> Urinalysis W/Micro	81003 U
<input type="checkbox"/> Microscopic Only	81015 U

Inflammation	
<input type="checkbox"/> CRP	86140 SST
<input type="checkbox"/> Uric Acid	84550 SST
<input type="checkbox"/> Cortisol	82533 RED
<input type="checkbox"/> Corticosterone	82528 RED
<input type="checkbox"/> Sedimentation Rate	85652 LAV

Diabetes & Metabolic Syndrome	
<input type="checkbox"/> HBA1C	86036 LAV
<input type="checkbox"/> Insulin	83525 RED
<input type="checkbox"/> Comp Metabolic Panel	80053 SST
<input type="checkbox"/> TSH	84443 RED
<input type="checkbox"/> Estradiol	82670 RED
<input type="checkbox"/> Total Testosterone	84403 RED

General Health Profile	
<input type="checkbox"/> CBC W/Diff W/Plts	85025 LAV
<input type="checkbox"/> Comp Metabolic Panel	80053 SST
<input type="checkbox"/> TSH	84443 RED
<input type="checkbox"/> Vitamin D	82306 RED
<input type="checkbox"/> Sex Steroid Profile	(panel) RED
<input type="checkbox"/> Corticosteroid Profile	(panel) RED

Thyroid Profile	
<input type="checkbox"/> TSH	84443 RED
<input type="checkbox"/> Total T3	84480 RED
<input type="checkbox"/> free T3	84481 RED
<input type="checkbox"/> Total T4	84436 RED
<input type="checkbox"/> free T4	84439 RED
<input type="checkbox"/> Thyroid Peroxidase AB (TPO)	86376 RED
<input type="checkbox"/> Thyroglobulin AB (TG)	86800 RED

Hormone Replacement Profile	
<input type="checkbox"/> LH	83002 RED
<input type="checkbox"/> FSH	83001 RED
<input type="checkbox"/> Estradiol	82670 RED
<input type="checkbox"/> SHBG	87186 RED
<input type="checkbox"/> Testosterone	84403 RED
<input type="checkbox"/> Free Testosterone incl. SHBG	84402 RED
<input type="checkbox"/> TSH	84443 RED
<input type="checkbox"/> free T4	84439 RED
<input type="checkbox"/> free T3	84481 RED
<input type="checkbox"/> DHEA	82626 RED
<input type="checkbox"/> DHEA-S	82627 RED
<input type="checkbox"/> Cortisol	82533 RED
<input type="checkbox"/> Progesterone	84144 RED
<input type="checkbox"/> Prolactin	84146 RED
<input type="checkbox"/> CBC w/ autodiff	85025 LAV
<input type="checkbox"/> Estrone	82679 RED
<input type="checkbox"/> CMP w/ GFR	80053 SST
<input type="checkbox"/> Pregnenolone	84140 RED
<input type="checkbox"/> Corticosterone	82528 RED

Bone Health Profile	
<input type="checkbox"/> Calcium	82310 SST
<input type="checkbox"/> Phosphorous	84100 SST
<input type="checkbox"/> Vitamin D	82306 RED
<input type="checkbox"/> Estradiol	82670 RED
<input type="checkbox"/> Total Testosterone	84403 RED

Adrenal Profile	
<input type="checkbox"/> DHEA	86140 RED
<input type="checkbox"/> Pregnenolone	84550 RED
<input type="checkbox"/> Cortisol	82533 RED
<input type="checkbox"/> Corticosterone	82528 RED
<input type="checkbox"/> DHEA-Sulfate	82627 RED

Profile Breakdown (RED)	
<input type="checkbox"/> Sex Steroid Profile <ul style="list-style-type: none"> <li>• Testosterone, Estradiol, Estrone, Estriol, Progesterone, Androstenedione, DHT, DHEA, DHEA-S, Pregnenolone</li> </ul>	
<input type="checkbox"/> Corticosteroid Profile <ul style="list-style-type: none"> <li>• Cortisol, Cortisone, Corticosterone, 11-deoxycortisol, 21-deoxycortisol, Deoxycorticosterone, Aldosterone, 17-OH-Progesterone</li> </ul>	
<input type="checkbox"/> Endocrinomic Profile <ul style="list-style-type: none"> <li>• Sex steroid profile, Corticosteroid profile, Free Testosterone, SHBG, LH, FSH, TSH, Prolactin, Vitamin D3, free T3, free T4, HGH</li> </ul>	

Male <input type="checkbox"/> Female <input type="checkbox"/> Full Wellness Profile	
<input type="checkbox"/> CBC w/ diff	85025 LAV
<input type="checkbox"/> Ferritin	82728 SST
<input type="checkbox"/> Vit B-12	84425 SST
<input type="checkbox"/> Folate	82746 SST
<input type="checkbox"/> CMP w/ GFR	80053 SST
<input type="checkbox"/> GGT	82977 SST
<input type="checkbox"/> Lipid profile w/ risk factor	80061 SST
<input type="checkbox"/> TSH	84443 RED
<input type="checkbox"/> free T4	84439 RED
<input type="checkbox"/> free T3	84481 RED
<input type="checkbox"/> LH	83002 RED
<input type="checkbox"/> FSH	83001 RED
<input type="checkbox"/> SHBG	87186 RED
<input type="checkbox"/> Insulin	83525 RED
<input type="checkbox"/> HBA1C	86036 LAV
<input type="checkbox"/> Testosterone	84403 RED
<input type="checkbox"/> Free Testosterone (in. SHBG)	84402 RED
<input type="checkbox"/> Estradiol (E2)	82670 RED
<input type="checkbox"/> Estrone (E1)	82679 RED
<input type="checkbox"/> Cortisol	82533 RED
<input type="checkbox"/> Cortisone	82634 RED
<input type="checkbox"/> Corticosterone	82528 RED
<input type="checkbox"/> Dihydrotestosterone (DHT)	82642 RED
<input type="checkbox"/> Pregnenolone	84140 RED
<input type="checkbox"/> DHEA	82626 RED
<input type="checkbox"/> DHEA-sulfate	82627 RED
<input type="checkbox"/> Aldosterone	82088 RED
<input type="checkbox"/> Androstenedione	82157 RED
<input type="checkbox"/> 17-OH-Progesterone	83498 RED
<input type="checkbox"/> Progesterone	84144 RED
<input type="checkbox"/> Deoxycorticosterone	82633 RED
<input type="checkbox"/> Phosphorous	84100 SST
<input type="checkbox"/> Magnesium	83735 SST
<input type="checkbox"/> Total PSA (men only)	84153 RED
<input type="checkbox"/> Free PSA (men only)	84154 RED

Diagnosis Codes	
Note: Please write <b>ALL</b> applicable ICD-10 codes that best describes the reasons for performing <b>EACH</b> test.	
1. _____	2. _____ 3. _____ 4. _____ 5. _____

Physician Signature	
Physician Signature: _____	Date: _____

Comments or Additional Tests	

Patient Consent / Signature	
I hereby authorize the release of medical information related to the service described herein and authorize payment directly to CliniCore Labs. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance. I also understand that CliniCore Labs may refer a portion or all of the service described herein to a similarly capable laboratory and I authorize that laboratory to bill my insurance accordingly.	
Patient Signature: _____	Date: _____

CliniCore Labs Anthony Schmidt, MD (Laboratory Director) 800 N. Causeway Blvd, Suite 300 Mandeville, LA 70448 Phone: (985) 869-5163 Fax: (985) 778-0489 [CLIA ID: 19D2139173]
Attach Barcode Label Here

## Medical Necessity

The Centers for Medicare and Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid program throughout the United States. Services paid for by the Medicare program must be deemed medically necessary. Medicare administrative contractors (MACs) have established a list of certain test for which documentation of medical necessity may be required before a claim may be paid. MACs publishes National Coverage Determination (NCD), Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). The NCDs are developed by CMS to describe the circumstances for which Medicare will cover specific services, procedures, or technologies on a national basis. If an NCD does not specifically exclude/limit an indication or circumstance, or if the item or service is not mentioned at all in an NCD or in a Medicare manual, it is up to the Medicare contractor to make the coverage decision. Local Coverage Determinations (LCD): In th absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare Contractors based on a local coverage determination.

## Advanced Beneficiary Notice

Advanced Beneficiary Notices (ABN) are utilized when there is a likelihood that an ordered service will not be paid for due to services being medically necessary. Before the service is furnished, the beneficiary should be notified, in writing, of the likelihood that the specific service will be denied with and ABN. The ABN ensures that the patient understands that he/she may be responsible for payment if the test is considered to be medically unnecessary by Medicare. The ABN identifies laboratory services subject to medical necessity coverage limitations and provides reasoning the services may be denied.

CPT CODE	AMA PANELS
80074	<b>Acute Hepatitis Panel:</b> Hepatitis SST Antibody IgM, Hepatitis SST core Antibody, IgM, Hepatitis SST Surface Antigen, Hepatitis SST Antibody
80048	<b>Basic Metabolic Panel:</b> Calcium, total, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN)
80053	<b>Comprehensive Panel:</b> Albumin, Bilirubin Total, Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Protein Total, Sodium, ALT (SGPT), AST (SGOT), UREA Nitrogen (BUN)
80051	<b>Electrolyte Panel:</b> Carbon Dioxide, Chloride, Potassium, Sodium
80076	<b>Hepatic Function Panel:</b> Albumin, Bilirubin (Total), Bilirubin (Direct), Alkaline Phosphalase, Protein Total, ALT (SGPT), AST (SGOT)
80061	<b>Lipid Panel:</b> Cholesterol, HDL Cholesterol, Triglycerides
80055	<b>Obstetric Panel:</b> CBC, Hepatitis B Surface Antigen, Rubella, RPR, Antibody Screen, ABO Blood Type, RH Group
80069	<b>Renal Panel:</b> Sodium, Potassium, Chloride, CO2, Phosphorous, Calcium, Albumin, BUN, Creatinine, Glucose

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