PATHOLOGY REQUISITION FORM

Mammoth Dx

20505 Crescent Bay | Lake Forest | CA 92630 | T: (800) 790-8411

CLIA Number: 05D0643914 • NPI: 1396837605 • Federal Tax ID: 88-3755692

Specimen ID:

SPECIMEN INFORMATION   Reminder: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.

Specimen Collected By:	Time Collected:	Date Collected:

PATIENT INFORMATION

Last Name	First Name	Middle Initial

Gender: ☐ M ☐ F ☐ Other____   Date of Birth: ___/___/_____

Mailing Address   City   State   Zip

Phone   Email

Race

☐ American Indian or Alaska Native

☐ Asian / Pacific Islander or Native Hawaiian

☐ Black or African American

☐ Caucasian

☐ Other Race: _____

User Type (LTC Facility only)

☐ Resident

☐ Staff

PROVIDER INFORMATION

Facility/ Group	Referring Physician

NPI Provider #:

Physician Address

City   State   Zip

Diagnostic Codes:

INSURANCE INFORMATION – Please select one of the following payment methods (REQUIRED)

☐ **Insurance Bill**   ☐ **Account Bill**   ☐ **Patient Bill**

(Payment Information must be completed)

Ordering Physicians should refer to applicable National and Local Coverage Determinations for further information concerning reimbursement policy. Tests submitted for Medicare and Medicaid reimbursement must meet program requirements (ICD10-codes required) or the claim may be denied.

☐ **Bill Ordering Institution:**

Name of Insured:
Insurance Company:
Member Group #:
Insurance Address:

☐ **Bill Insurance:** (Provide legible photocopy of front & back of insurance card)

Relation to Patient:
Member Social Security #:
Member Policy #:
Insurance Phone:

Test Orders

Epidermal Nerve Fiber Density (ENFD) and ENFD Plus

☐ **Epidermal Nerve Fiber Density (ENFD) Using Amyloid Stain for Screening**

☐ **Reflex to ENFD Plus** *In cases of Suspected Lymphoma, Myeloma, Familial Amyloidosis, Inflammation, Etc.

Indicate Test Site	Circle Laterality	Circle Laterality	Circle Laterality
Sample A Site Name:	☐ Calf L or R	☐ Thigh L or R	☐ Other_____ L or R
Sample B Site Name:	☐ Calf L or R	☐ Thigh L or R	☐ Other_____ L or R
Sample C Site Name:	☐ Calf L or R	☐ Thigh L or R	☐ Other_____ L or R
Sample D Site Name:	☐ Calf L or R	☐ Thigh L or R	☐ Other_____ L or R

ICD-10 Code

- ○ G60.3 Idiopathic progressive neuropathy
- ○ G60.8 Other hereditary idiopathic neuropathies
- ○ G60.9 Hereditary and Idiopathic neuropathy, unspecified
- ○ M79.2 Neuralgia or Neuritis
- ○ R20.2 Paresthesia
- ○ R20.8 Other disturbances of skin sensation
- ○ R52 Pain, unspecified (pain definitions on backside of req.)
- ○ Other: _____
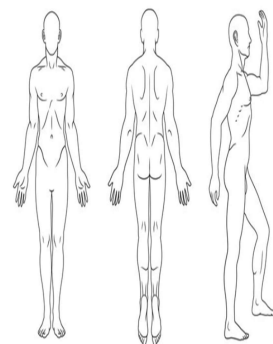
☐ **BIOPSY**   ☐ **PUNCH BIOPSY**   ☐ **SHAVE BIOPSY**   ☐ **EXCISIONAL BIOPSY**   ☐ **CLIPPING**   ☐ **OTHER**

☐ **Tissue (Shave or Punch Biopsy) fixed in formalin**   Source: _____

☐ **Nails (Shave or Clippings) Stains (PAS/GMS)**   Source: _____

☐ **Others: (_____)**   Source: _____

LATERAL   MEDIAL
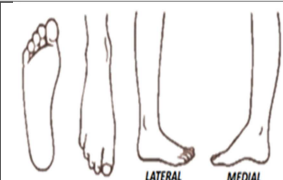
ICD-10 Code *(See Back Page for ICD-10 Indication and write below)*

INFORMED CONSENT

By signing this document, I accept financial responsibility and am aware of the testing fees. I authorize Unique Medi Tech, LLC, (DBA Mammoth Dx) to release information received medical information, which includes laboratory test results, to my health plan/insurance carrier and its authorized representatives. I understand Mammoth Dx may be filing an out of network claim to my insurance company on my behalf. I further understand my health plan/insurance carrier may not approve and reimburse for testing in full due to coverage limits, benefits exclusions, lack of authorization, medical necessity or otherwise. My signature indicates I acknowledge and accept full financial responsibility for all services rendered at Mammoth Dx Reference Laboratory.

SIGN HERE:

Required to process test(s)_____ DATE: _____

PATIENT or RESPONSIBLE PARTY'S SIGNATURE (REQUIRED)

PROVIDER INFORMATION

I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient.

SIGN HERE:

Required to process test(s)_____ DATE: _____

Authorized Provider Signature (REQUIRED)

ADVANCED BENEFICIARY NOTICE "ABN"

*Note: If Medicare does not pay for laboratory tests below, you may have to pay out of pocket. Medicare does not pay for all tests performed, even some care that you or your healthcare provider have good reason to think you need. Unique Medi Tech DBA Mammoth DX expects Medicare may not pay for the following laboratory tests: ENFD

WHAT YOU NEED TO DO NOW:
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after reading this notice.
- Choose an option below about whether to receive the laboratory tests listed above.

*Note: If you choose option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do so.

Options: Check only ONE box. We cannot choose a box for you.

☐ **Option 1**. I want the laboratory tests listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare does not pay, I am responsible for payment, but I can appeal to Medicare by following the directions on MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays, or deductibles.

☐ **Option 2**. I want the laboratory tests listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for the payment. I cannot appeal if Medicare is not billed.

☐ **Option 3**. I do not want the tests listed above. I understand with this I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or on Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

R52 Descriptions for Documentation

- A disorder characterized by the sensation of marked discomfort, distress, or agony.
- An unpleasant sensation induced by noxious stimuli which are detected by nerve endings of nociceptive neurons.
- Causing physical or psychological misery, pain, or distress.
- Intensely discomforting, distressful, or agonizing sensation associated with trauma or disease, with well-defined location, character, and timing.
- Pain that comes quickly can be severe but lasts a relatively short time.
- Physical suffering or distress, to hurt.
- Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt all over, or throughout the body.
- Severe pain of limited duration
- The sensation of discomfort, distress, or agony, resulting from the stimulation of specialized nerve endings.
- Unpleasant sensation induced by noxious stimuli and received by specialized nerve endings.
- Unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- Unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage (international association for the study of pain); sudden or slow onset of any intensity from mild to severe with an anticipated or predictable end and a duration of less than 6 months.

Note:
Pain is a feeling triggered in the nervous system. Pain may be sharp or dull. It may come and go, or it may be constant. You may feel pain in one area of your body, such as your back, abdomen, or chest, or all over, such as when your muscles ache from the flu. Pain can be helpful in diagnosing a problem. Without pain, you might seriously hurt yourself without knowing it, or you might not realize you have a medical problem that needs treatment. Once you take care of the problem, pain usually goes away. However, sometimes pain goes on for weeks, months or even years. This is called chronic pain. Sometimes chronic pain is due to an ongoing cause, such as cancer or arthritis. Sometimes the cause is unknown. Fortunately, there are many ways to treat pain. Treatment varies depending on the cause of pain. pain relievers, acupuncture and sometimes surgery are helpful.

Nail/Tissue & Other ICD-10 Codes

- **B35.8 Other dermatophytosis**
- **B35.9 Dermatophytosis, unspecified**
- **B36.9 Superficial mycosis, unspecified**
- **L00-L99 Diseases of the skin and subcutaneous tissue**
- **L00-L08 Infections of the skin and subcutaneous tissue**
- **L03.0 Cellulitis and acute lymphangitis of finger and toe**
- **L03.03 Cellulitis of toe**
- **L60.0 Ingrown nail**
- **L60.2 Onychogryphosis**
- **L60.3 Nail dystrophy**
- **L60.4 Beau's lines**
- **L60.5 Yellow nail syndrome**
- **L60.8 Other nail disorders**
- **L60.9 Nail disorders, unspecified**