BeScreened™

Beacon Biomedical, Inc.
275 N. Gateway Dr., Suite 101
Phoenix, AZ 85034 | Phone: 480.757.9037
CLIA Number 03D2122615, **NPI: 1528561362**

TEST REQUISITION FORM

PATIENT

Patient Last Name:	First:	MI:	Patient DOB	Sex	SSN
					Not Required

Patient Address: | **Patient Phone:**

Patient Email:

Race: ☐ Caucasian ☐ African American ☐ Hispanic/Latino ☐ Asian ☐ Native American/Pacific Islander

1. Medical History: Smoker ☐ Yes ☐ No **2. Any family history of colorectal cancer?** ☐ Yes ☐ No

BILLING

Payment Preference:
☐ 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 Codes** for BeScreened-CRC are **1000S for AZ Residents** and **1001S for all other states. Diagnostic Codes are Z12.9, Z12.11. Z12.12, Z12.13**

Insured Last Name: _____ First Name: _____ Relationship to Insured: ☐ Self ☐ Spouse

Primary Insurance Carrier: _____ Employer Name: _____ ☐ 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

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 45-85 years of age, at average risk for colorectal cancer, and who are unable or unwilling to participate in screening using other recommended screening tests, such as fecal-based tests or colonoscopies. Not intended for high-risk patients with family or personal history of cancer, have an inflammatory disease, patients who are pregnant or nursing, that are receiving chemotherapy or radiation, or who are less than 60-days post-surgical procedure.

Physician Name (Printed)	Physician Signature	Date
Michael J. Bauer, MD	*-- Signature On File --*	

Practice Name:	Practice Street Address:	Practice City, State, Zip Code:
MJB Companies	200 South Wilcox Street #443	Castle Rock, CO 80104
Practice Phone Number: (833) 227-4522	**Reporting E-Mail Address:** info@cashlabs.com	
Preferred Reporting Method ☐ Fax ☒ E-Mail	**Physician NPI Number:** 1346417086	**If ACO/IPA, ID & Phone Number:**

SAMPLE

Date of Specimen Collection:	Time of Collection:	Phlebotomist's Initials:	Collection Site ID:
/ /			Physician's Office ☐ Other ☐ Site ID: _____ SQL ☐
Date of Specimen Received	**Time Received:**	**Beacon ASSN #**	**Sonora Quest Lab Acct/Codes**
/ /			☐ Beacon SQL Account No.**1650** ☐ Pass-through Code **906874**

Blood Draw Patient Service Center Locations

Arizona: At any Sonora Quest Laboratories Patient Service Center Location; visit: https://www.sonoraquest.com/find-a-location/
States Other Than Arizona: Contact Beacon Biomedical for coordination of the blood draw at: 1-480-757-9037 (Office). BeScreened™-CRC is available as a CLIA Reference Laboratory Developed Test (LDT) through Beacon Biomedical only (CLIA Lab No. 03D2122615) in all states except CA and NY.