Shepard Health

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RESPIRATORY TESTING

Ordering Physician:______________________ Name of Practice: ______________________

Date: ____/____/______ Address: ______________________

Phone Number:______________________

I authorize the laboratory test(s) as ordered, and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event and the patient's medical record(s) must clearly reflect my order.

Ordering Physician Signature:______________________

Date and Time of Collection: ____/____/______ ______:______ Collector Initials:______________

*ALL RESPIRATORY SAMPLES MUST HAVE PATIENT'S NAME AND DATE OF BIRTH ON VIAL(S)

Patient Information:

Last Name:______________ First Name:______________ MI:____ Address:______________

City:______________ State:______________ Zip Code:______________ Phone #:______________

DOB: ____/____/______ Sex: ☐ M ☐ F Social Security # :______________

☐ Insurance:______________________ ☐ Self-Pay ☐ Client Bill

*INCLUDE COPY OF INSURANCE CARD

☐ **NO PRESCRIBED MEDICATIONS** ☐ **MEDICATION PRESCRIBED** (ATTACH PATIENT'S MEDICATION LIST OR LIST BELOW)

Prescribed Medication(s): ______________________

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Patient Signature:______________________ Date: ____/____/______

RESPIRATORY PANELS

- ☐ **COVID-19 Panel**
- ☐ **COVID-19 + Flu A/B Panel**
- ☐ **Limited RPP Panel**
  - Flu-A
  - Flu-B
  - RSV A/B
  - HRV (Rhinovirus)
- ☐ **COVID-19 + Limited RPP Panel**
- ☐ **COVID-19 Reflex to Limited RPP**
  *Limited RPP will only be ran if the COVID-19 result is negative
- ☐ **Monkeypox Panel**

ICD CODES (MANDATORY - CHECK ALL THAT APPLY)

- ☐ Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases
- ☐ Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out
- ☐ R05 - Cough
- ☐ R06.02 - Shortness of breath
- ☐ R50.9 - Fever, unspecified
- ☐ J12.89 - Other viral pneumonia
- ☐ J20.8 - Acute bronchitis due to other specified organisms
- ☐ J22 - Unspecified acute lower respiratory infection
- ☐ J40 - Bronchitis, not specified as acute or chronic
- ☐ J80 - Acute respiratory distress syndrome
- ☐ J98.8 - Other specified respiratory disorders
- ☐ B04 - Monkeypox
- ☐ B08 - Other viral infections characterized by skin and mucous membrane lesions, not elsewhere classified
- ☐ B09 - Unspecified viral infection characterized by skin and mucous membrane lesions
- ☐ Other: ______________________

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Release and Consent: As a courtesy, Shepard Health, LLC makes every reasonable effort to obtain reimbursement for ordered tests. I authorize Shepard Health, LLC to release to Medicare, it's carriers, and any insurance carrier or health plan providing benefits to me, any information that may be needed for claim purpose. I am making an assignment of Medicare, Medicaid, and/or insurance benefits to Shepard Health, LLC. I understand if my insurance company pays me directly for services rendered by Shepard Health, LLC, I am responsible for forwarding such and all payments directly to Shepard Health, LLC. I also understand and agree to that I am responsible for any copayment and/or deductible, as required by my plan.