

PRESCRIBER #: _____

For Lab Use Only

PATIENT INFORMATION

Name: _____ Address 1: _____
First MI Last Note: We cannot ship to PO Boxes

Date of Birth: _____ Address 2: _____
mm/dd/yyyy

Sex (Male, Female): _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PATIENT'S INSURANCE INFORMATION

Check one: ***PLEASE PROVIDE FRONT & BACK COPY OF INSURANCE CARD.***

HMO, PPO, Commercial Insurance* **Medicare / Medicaid***

Provider: _____ Policy #: _____ Subscriber ID: _____

Policyholder: Self Other: _____
Relationship to Patient (e.g., "Spouse," "Parent")

Name: _____ Policyholder Info (if Other)
 Date of Birth: _____ Sex (Male, Female): _____

Cash Pay (\$349) - Patient will be billed directly via mail.

An insurance claim for \$349 will be filed on the patient's behalf. Patients with private insurance will be billed the balance of the test not covered by insurance. Patients with public insurance (Medicare and Medicaid) will not be billed any balance other than co-pays or co-insurances (if applicable).

I authorize any physician or lab who has treated me or my dependent(s) to furnish any medical information requested. In consideration of services rendered, I transfer and assign any benefits of insurance to Gemelli Biotech. I understand I am responsible for any co-pay or deductible amounts. I understand I am fully responsible for payment of my account if Gemelli Biotech is not a participant with my health plan, and my health plan does not fully reimburse my medical services for any reason.

PATIENT SIGNATURE (REQUIRED)



SIGN HERE

PATIENT SIGNATURE

DATE

ORDERING PRESCRIBER INFORMATION

Practice Name: _____

Prescriber Name: _____

NPI: _____

DELIVER TEST RESULTS TO: _____
Enter Email Address or Fax Number

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____

LABORATORY TEST ORDERED

Please select **only one** of the following:

trio-smart - LACTULOSE *Please provide your patient with a prescription for one dose of 10gm/15ml solution of lactulose.

trio-smart - GLUCOSE

trio-smart malabsorption - LACTOSE

trio-smart malabsorption - FRUCTOSE

trio-smart malabsorption - SUCROSE

Gemelli Biotech
 2450 W Broadway Rd, Ste 120, Mesa, AZ 85202
 Laboratory Director: Boaz Kurtis, MD

ICD-10 DIAGNOSIS CODE (REQUIRED)

- R10.9**
(Abdominal Pain)
- R11.0**
(Nausea)
- R14.0**
(Abdominal Distension)
- R14.1**
(Gas Pain)
- R14.2**
(Eructation)
- R14.3**
(Flatulence)
- R19.7**
(Diarrhea)
- K59.00**
(Constipation)

Other: _____

PRESCRIBER SIGNATURE (REQUIRED)



SIGN HERE

PRESCRIBER SIGNATURE

DATE