500 Chipeta Way
Salt Lake City, UT 84108-1221
phone: 801-583-2787 | toll free: 800-242-2787
fax: 801-584-5249 | aruplab.com

ARUP®
LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

PREAUTHORIZATION FOR EXOME SEQUENCING

Submit this form with test order and patient history form. THIS IS NOT A TEST REQUEST FORM.

INSTRUCTIONS: If the ordering facility would like ARUP Laboratories to obtain insurance preauthorization prior to performing Exome Sequencing, complete this form and send it with the specimen. If preauthorization is granted, the client will be notified and testing will proceed; however, preauthorization is not a guarantee of payment. If preauthorization is denied, the ordering facility will be notified and given the option to cancel the test. If the test is canceled, a DNA extraction fee may apply.

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____ City, State, ZIP: _____

email: _____ Phone: _____

ICD9 Codes / Principle Diagnosis: _____

Institution Information

Physician/Provider Name: _____ Physician NPI #: _____

Institution Name: _____ ARUP Client ID #: _____

Address: _____ City, State, ZIP: _____

email: _____ Phone: _____

Billing Facility Tax ID #: _____ Billing Facility NPI #: _____

Patient Insurance Information

Please include copy of insurance card (front/back)

Member Name / DOB (Same as above? ☐): _____ Relationship to Patient: _____

Member Policy #: _____ Member Group #: _____

Insurance Company Name: _____ Phone: _____

Insurance Company Address: _____ City, State, ZIP: _____

Patient Authorization/Assignment

I authorize ARUP Laboratories Inc. to obtain and release relevant medical and other information to Medicare, Medicaid, Medicare Supplemental and any other insurance providers for laboratory services that ARUP provides to me.

_____

Signature of Patient or Guardian (Required)   Date

_____

Printed Name of Patient or Guardian (Required)   Date

Preauthorization (ARUP Use Only) #: _____

Test Information

2006332 Exome Sequencing Symptom-Guided Analysis (CPT Code 81415, 81416 x2)

2006336 Exome Sequencing Symptom-Guided Analysis, Patient Only (CPT Code 81415)