ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

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

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

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

INSURANCE PRE-AUTHORIZATION FOR EXOME SEQUENCING

INSTRUCTIONS: If the ordering facility would like ARUP Laboratories to obtain insurance pre-authorization prior to performing Exome Sequencing, complete this form and send it with the specimen, patient history form, and test request form or electronic packing list.

If pre-authorization is granted, the client will be notified and testing will proceed; however, pre-authorization is not a guarantee of payment.

If pre-authorization 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

Name: _____ Date of Birth: _____

Address: _____ City, State, ZIP: _____

Email: _____ Phone: _____

ICD9 Codes / Principle Diagnosis: _____

Institution Information

Physician / Provider Name: _____ Institution Name: _____

Address: _____ City, State, ZIP: _____

Email: _____ Phone: _____

Physician NPI #: _____

If questions or issues arise, contact (name / phone number): _____

Patient Insurance Information

Please include copy of insurance card (front/back).

Member Name / Date of Birth: (☐ same as above) _____

Relationship to Patient: _____

Member Policy Number: _____ Member Group Number: _____

Insurance Company Name: _____ Insurance Company 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.

Patient/Guardian Printed Name	Signature	Date

Pre-authorization Number (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)

Master Label

For questions, contact ARUP Genetics Processing at (800) 242-2787, ext. 3301