ARUP LABORATORIES

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

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THIS IS AN OPTIONAL INSURANCE PREAUTHORIZATION REQUEST FORM, NOT A TEST REQUEST FORM.

INSURANCE PREAUTHORIZATION FOR EXOME SEQUENCING

If this form is completed and submitted to ARUP, insurance pre-authorization will be performed. If preauthorization is granted, testing will proceed; however, it is not a guarantee of payment. If preauthorization is denied, the ordering facility will be given the option of cancelling the test, but a DNA extraction fee will apply.

Patient Information

Name | DOB

Address | City, State, ZIP

Email | Phone

ICD10 Codes/Principal 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

Member Name/DOB (☐ Same as above)

Relationship to Patient

Member Policy # | Member Group #

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 or other insurance providers.

Patient/Guardian Printed Name | Signature | Date

Preauthorization Number (ARUP Use Only)

Check the test you intend to order.

☐ **2006332 Exome Sequencing, Trio** (CPT Code 81415, 81416 x2)

☐ **2006336 Exome Sequencing, Proband** (CPT Code 81415)

Master Label

For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.