

INSURANCE PREVERIFICATION REQUEST FORM

Please complete this form and fax to 949-900-5501 with a copy of the patient's insurance card.
We will respond to you as soon as possible.

| Patient Information | | | |
|---|---|-----------------------------------|---|
| ▶ Last Name | ▶ First Name | ▶ M.I | ▶ Date of Birth |
| ▶ Gender <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| ▶ Street Address, City, State, ZIP, and Phone Number | | ▶ ICD-9 | ▶ Indication For Testing <input type="checkbox"/> Diagnostic <input type="checkbox"/> Carrier Screening <input type="checkbox"/> Other |
| Insurance Information | | | |
| ▶ Name of Insured | | ▶ Member ID # | |
| ▶ Insurance Company Name, Address, and Phone Number | | | ▶ Policy Type <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicare <input type="checkbox"/> EPO <input type="checkbox"/> Medicaid <input type="checkbox"/> POS <input type="checkbox"/> Other _____ |
| Test Requested | | | |
| <p>1002 <input type="checkbox"/> 508 FIRST™ (deltaF508 screen, reflex to CF AMPLIFIED™)</p> <p>1012 <input type="checkbox"/> 508 ONLY™ (deltaF508 mutation only)</p> <p>8160 <input type="checkbox"/> Ambry SEQUENCE™: Dyskeratosis Congenita (all genes, steps 1-3)</p> <p>8200 <input type="checkbox"/> Ambry SEQUENCE™: Rett Syndrome (gene sequence reflex MECP2 to CDKL5)</p> <p>8500 <input type="checkbox"/> Ambry SEQUENCE™: HNPCC (Complete pathway, steps 1 and 2)</p> <p>2680 <input type="checkbox"/> Ambry SEQUENCE™: MEN Type 2 (RET) 2684 <input type="checkbox"/> Step 1 only: exons 10, 11, 13-16</p> <p>8400 <input type="checkbox"/> Ambry SEQUENCE™: Noonan Syndrome (PTPN11, SOS1, RAF1, KRAS)</p> <p>3040 <input type="checkbox"/> Ambry Test: APC Amplified (APC sequence and del/dup)</p> <p>2820 <input type="checkbox"/> BMPR1A Gene Sequence Analysis</p> <p>1660 <input type="checkbox"/> Chymotrypsin-C Related Pancreatitis (CTRC gene sequence)</p> <p>1006 <input type="checkbox"/> CF AMPLIFIED™ <input type="checkbox"/> Report PolyT/TG Repeat Status</p> <p>1000 <input type="checkbox"/> CF Gene Sequence Analysis</p> <p>1004 <input type="checkbox"/> CF Del/Dup (gross del/dup analysis only, call before submitting)</p> <p>1010 <input type="checkbox"/> CF TG Repeat Analysis (Poly T Variant & TG Repeat)</p> <p>1580 <input type="checkbox"/> Congenital Central Hypoventilation Syndrome (PHOX2B gene sequence)</p> <p>8660 <input type="checkbox"/> HHT Sequence (ACVRL1, ENG, del/dup, SMAD4)</p> <p>1680 <input type="checkbox"/> HHT AMPLIFIED (ACVRL1+ENG gene sequence, then del/dup)</p> <p>8500 <input type="checkbox"/> Ambry HNPCC SEQUENCE™(MLH1, MSH2, MSH6) 8504 <input type="checkbox"/> Step 1 only (MLH1 & MSH2 Sequence) 8506 <input type="checkbox"/> Step 2 only (MLH1MSH2/MSH6 del/dup, MSH6 sequence)</p> <p>2200 <input type="checkbox"/> HNPCC, MLH1-Related (sequence and del/dup)</p> <p>2220 <input type="checkbox"/> HNPCC, MLH2-Related (sequence and del/dup, incl. EpCAM/TACSTD1)</p> <p>2240 <input type="checkbox"/> HNPCC, MLH6-Related (sequence and del/dup)</p> <p>2840 <input type="checkbox"/> HNPCC, EpCAM/TACSTD1-related</p> <p>8602 <input type="checkbox"/> Juvenile Polyposis AMPLIFIED™ (BMPR1A, SMAD4, del/dup)</p> <p>8600 <input type="checkbox"/> Juvenile Polyposis Del/Dup (BMPR1A, SMAD4)</p> <p>1685 <input type="checkbox"/> Juvenile Polyposis - SMAD4-Related (gene sequence)</p> <p>2860 <input type="checkbox"/> Li-Fraumeni Syndrome (TP53, p53)</p> | <p>1260 <input type="checkbox"/> Maternal Cell Contamination (when testing amniotic fluid or CVS)</p> <p>2640 <input type="checkbox"/> Multiple Endocrine Neoplasia Type 1 (MEN1)</p> <p>2360 <input type="checkbox"/> PALB2-Related Pancreatic Cancer</p> <p>8040 <input type="checkbox"/> Pancreatitis AMPLIFIED™ (Panel + CFTR del/dup)</p> <p>8020 <input type="checkbox"/> Pancreatitis Panel (CFTR, PRSS1 & SPINK1)</p> <p>8022 <input type="checkbox"/> Pancreatitis Panel Plus (CFTR, PRSS1, SPINK1, CTRC)</p> <p>8120 <input type="checkbox"/> PCD 61 (DNAH5, DNAH11 mutation panel, Primary Ciliary Dyskinesia)</p> <p>2766 <input type="checkbox"/> Peutz-Jeghers AMPLIFIED™ (STK11)</p> <p>2760 <input type="checkbox"/> PJS Gene Sequence Analysis (STK11)</p> <p>2100 <input type="checkbox"/> PTEN related disorders (PTEN gene sequence)</p> <p>1100 <input type="checkbox"/> PRSS1</p> <p>1440 <input type="checkbox"/> Shwachman-Diamond Syndrome (SBDS gene sequence)</p> <p>1684 <input type="checkbox"/> SMAD4-Related HHT (exons 8-11, reflex to exons 1-7)</p> <p>2600 <input type="checkbox"/> Von Hippel-Lindau Disease (VHL)</p> <p>Specific Mutation Analysis/ Gene Analysis Gene Sequence Analysis <input type="checkbox"/> Gene name: _____ Single Mutation Analysis <input type="checkbox"/> Gene name: _____ Mutation 1: _____ Mutation 2: _____ Mutation 3: _____</p> <p>X-Linked Mental Retardation (XLMR)/ Intellectual Disability 3000 <input type="checkbox"/> XLMR Array Plus™ 8626 <input type="checkbox"/> XLMR Next Gen SuperPANEL™</p> <p>FOR TESTS NOT LISTED ABOVE</p> <p><input type="checkbox"/> Test Name: _____ Test Code: _____</p> <p><input type="checkbox"/> Test Name: _____ Test Code: _____</p> <p><input type="checkbox"/> Test Name: _____ Test Code: _____</p> | | |
| Contact and Organization Information | | | |
| ▶ Client / Institution Name | | ▶ Form Completed By (Name) | ▶ Return Fax # |
| ▶ Authorized Ordering Physician | | ▶ NPI # | |

Ambry Use: Verification Completed By: _____ Date: _____ F0310-06-019-GEN-12

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