

PROVIDER/ACCOUNT INFORMATION

Washington Nutrition Group 74330067
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 244870 Christine H. Haas, MS, CNS, L

FILL THIS FORM OUT

Ordering Provider (if not listed above) Washington Nutrition Group
NPI # _____ Vendor ID _____

REQUISITION NUMBER:

1237202

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FOR SPECTRACELL USE ONLY

Accession # _____ Date Received/ Batch _____

PATIENT INFORMATION (COMPLETE ALL FIELDS)

Date Specimen Collected _____ Time _____ AM PM Fasting Yes No Sex Female Male Height _____ ft. _____ in. Weight _____ lbs
Name _____ Last _____ First _____ MI _____ DOB _____ Phone _____ Email _____
Patient Address _____ City _____ State/Province _____ Zip _____ Country USA

BILLING OPTIONS (SELECT ONE)

Select Primary Responsible Payer:
 Insurance (w/Preferred Pay) Medicare Patient Only Provider/Client Only
* Preferred Pay - Prepayment required; must complete Insurance Information Section.
** Medicare (ABN may be required) - No payment required EXCEPT if Antioxidant & B panel is ordered.

METHOD OF PAYMENT (SELECT ONE)

Provider/Client: Credit Card On File/Check # _____ Billed Monthly
Patient: Check # _____ Credit Card (complete section below)
 Visa Mastercard AMEX Discover
Credit Card Number _____
Cardholder Name _____
Exp. Date _____ Security Code _____

INSURANCE INFORMATION (COMPLETE ALL FIELDS)

Must also attach a front and back photocopy of insurance or Medicare card.
Subscriber Name _____ DOB _____
Relation to Patient Self Child Spouse Other _____
Primary Insurance _____
Subscriber ID # _____ Group # _____
Insurance Co. Address _____
City/State/Zip _____ Phone _____
SSN # XXXXXXXX The SSN is an identifier required by some insurances for filing claims.

Patient Insurance Authorization

I hereby authorize the release of medical information related to the service described herein to any third party carrier, and assign payment directly to SpectraCell Laboratories, Inc.
Signature _____ Date _____
patient signature

ICD-10 CODES (REQUIRED FOR INSURANCE/MEDICARE)

E78.5

Micronutrient

- Asparagine
- Calcium
- Chromium
- Copper
- Cysteine
- Glutamine
- Glutathione
- Magnesium
- Manganese
- Oleic Acid
- Serine
- Vitamin A
- Vitamin B1
- Vitamin B2
- Vitamin C
- Vitamin E
- Vitamin K2
- Zinc

Has patient been tested for Micronutrients before? Yes No

Limited Coverage Tests • (ABN Required)

- Carnitine - E71.41, E71.43, E71.448, D63.1, E71.40,
- Folate - D52.8, D53.9, K90.9, R68.89, R27.9,
- Vitamin B6 - E53.1, G60.9, G25.89, G25.9, G25.70,
- Vitamin B12 - E43, E41, D51.3, D51.8, E53.8,
- Vitamin D3 - E55.9, M81.8, E21.3, E83.51, M83.9,

Antioxidant & B Panel *

- SPECTROX™
- IMMUNIDEX®
- Coenzyme Q10
- Lipoic Acid
- Selenium
- Biotin
- Inositol
- Pantothenate
- Vitamin B3
- Choline
- Fructose Sensitivity
- Glucose/Insulin Metabolism

CardioMetabolic

- Lipoprotein Fractionation
- Lipoprotein Particle Numbers
- Total Cholesterol ♦
- HDL Cholesterol ♦
- LDL Cholesterol ♦
- Triglycerides ♦
- hs-CRP • I25.10
- Homocysteine • D51.9, E53.8
- Lipoprotein (a)
- Leptin
- Apolipoprotein A-1
- Apolipoprotein B
- Insulin
- Glucose
- Hemoglobin A1c
- C-peptide
- Adiponectin
- OmegaCheck™

Pre-Diabetes

- Insulin
- Glucose
- Hemoglobin A1c
- C-peptide
- Adiponectin
- Leptin
- hs-CRP • I25.10
- Triglycerides ♦
- HDL Cholesterol ♦

LPP™ Plus

- Lipoprotein Fractionation
- Lipoprotein Particle Numbers
- Total Cholesterol ♦
- HDL Cholesterol ♦
- LDL Cholesterol ♦
- Triglycerides ♦
- hs-CRP • I25.10
- Homocysteine • D51.9, E53.8
- Apolipoprotein A-1
- Apolipoprotein B
- Lipoprotein (a)
- Insulin

Thyroid

- T3 Free (FT3)
- T4 Free (FT4)
- T4 Total
- TSH
- Anti-Thyroglobulin Ab
- Anti-TPO Ab
- Thyroglobulin
- Thyroxine-Binding Globulin (TBG)

Add-On Adrenals

- Cortisol (time drawn _____)
- DHEA-S

Hormones/Markers

	F	M
Androstenedione	<input type="checkbox"/>	<input type="checkbox"/>
DHEA-S	<input type="checkbox"/>	<input type="checkbox"/>
Estrone (E1)	<input type="checkbox"/>	<input type="checkbox"/>
Estradiol (E2)	<input type="checkbox"/>	<input type="checkbox"/>
Estrinol, unconjugated (E3)	<input type="checkbox"/>	<input type="checkbox"/>
FSH	<input type="checkbox"/>	<input type="checkbox"/>
IGF-1	<input type="checkbox"/>	<input type="checkbox"/>
LH	<input type="checkbox"/>	<input type="checkbox"/>
SHBG	<input type="checkbox"/>	<input type="checkbox"/>
Testosterone, Total	<input type="checkbox"/>	<input type="checkbox"/>
Testosterone, Free (calc)	<input type="checkbox"/>	<input type="checkbox"/>
Prolactin	<input type="checkbox"/>	<input type="checkbox"/>
Progesterone	<input type="checkbox"/>	<input type="checkbox"/>
PSA Total	<input type="checkbox"/>	<input type="checkbox"/>

1* day of last menstrual cycle
Taking oral contraceptives? Yes No
Postmenopausal Treated Untreated

Genetics

- Telomere *
- Genotyping**
- Apolipoprotein E •
- Factor V Leiden •
- Prothrombin G20210A •
- MTHFR •

Add-On

- Reverse T3
- CBC w/diff
- Comprehensive Metabolic Panel
- Basic Metabolic Panel
- OmegaCheck™

For SpectraCell Use Only:

Medicare Legend

All tests selected must be medically necessary and marketed individually for Medicare, Medicare Replacement Plans, & all other Government plans.

- ♦ Limited Frequency - ABN required
- Limited Coverage - Dx codes & ABN required
- ★ Statutorily not covered by Medicare - Prepayment required