Rev. 4/27/2015



Dennis D. Weisenburger, MD Chairman, Department of Pathology, CLIA #05D0665695

Tax ID:95-1683875

Clinical Molecular Diagnostic Laboratory

1500 East Duarte Road Northwest Building, Second Floor, Room 2236 Duarte, CA 91010-3000 Phone 888-826-4362 Fax 626-301-8142 cmdl@coh.org http://cmdl.cityofhope.org

CMDL Insurance TRF

Patient Inform							
Last Name	IIMUUII	First name	Middle Initial		Female	Male	Date of Birth
Last manie		THST HAIRE	iviluale illittal		remale	wate	Date of Diffil
Street Address, Stat	e 7IP				Specimen Nur	mber or Code	Date Collected
Section and Section 1911					Specimen Num	noci oi code	Date Conceicu
Phone Number Mother's Country or Region			f Origin Father's Co		ountry or Region of Origin		Ethnicity
					, ,		
Comments (note an	y consanguin	nity)	Marital Status	: Single I	Married Divo	rced Separa	ited Widowed
	,	• • • • • • • • • • • • • • • • • • • •					
ICD9 Codes (1	raquirad f	or incurance):					
		Family History (please attach	the nedigree if as	zailable complete	d Patient Inform	ation Form and	(or clinic notes)
Patient history	ii i iiidiiiga /	ranny mstory (picase attach		Family history	a ration inform	ation I of in and	or chine notes)
Ž				, ,			
Insurance inf	ormation	(please attach a clear	copy of the	front and bac	ek of the insu	ırance card	/cards)
Name of Insurance Policy Holder		Insured Social Security #		Insured Date of Birth		Relationship to Patient	
1							
Insurance Company	Name	Insurance Company Address	1		Medicare Nur	nber	Medi-Cal Number
Insurance Company	Phone	_			Insurance Gro	up Number	Insurance Policy Number
						•	
Authorization #	(If an auth	ı orization is available please	attach a conv	of it or attach a	LMN for HMC) insurances)	
		-	7.				
For insurance	billing, plo	ease choose one of the fol	llowing option	is for after insi	urance is appi	roved	
☐ Hold the	test and info	orm the MD/GC if the patient o	ut-of-pocket cost	is more than \$250	0		
			•				
☐ Start the	test immedia	atery					
Referring Phy	ysician aı	nd Genetic Counselor ((or other con	itact) Inform	ation		
Referring Physician	Name		Referring Phy	sician UPIN	Genetic Coun	selor (or other co	ontact) Name and Title
Referring Physician	Phone						
		Physician Institution and Addre	ess	Counselor/Co	ontact Phone	Contact Instit	ution and Address
Referring Physician		Physician Institution and Addre	ess	Counselor/Co	ontact Phone	Contact Instit	ution and Address
	Fax	Physician Institution and Address	ess	Counselor/Co		Contact Instit	ution and Address
	ı Fax	Physician Institution and Addr	ess			Contact Instit	ution and Address
Referring Physician		Physician Institution and Addr	ess	Counselor/Co		Contact Instit	ution and Address
Referring Physician		Physician Institution and Addr	ess	Counselor/Co	ontact Fax	Contact Instit	ution and Address
	ı Email*	Physician Institution and Addrage Physician Institu		Counselor/Co	ontact Fax ontact Email*	- -	ution and Address
* Copy of results	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results	n Email*		e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results Tests Ordered	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results Tests Ordered	n Email*	t electronically via our secure	e system; email a	Counselor/Co	ontact Fax ontact Email* ired for status u	pdates	
* Copy of results Tests Ordered Comment:	will be sent	t electronically via our secure le tests are done simul	e system; email a taneously ur	Counselor/Counse	ontact Fax ontact Email* ired for status u r of reflexive	pdates e testing is r	noted here)
* Copy of results Tests Ordere Comment:	will be sent d (multip	t electronically via our secure le tests are done simul	e system; email a	Counselor/Counse	ontact Fax ontact Email* ired for status ur r of reflexive	pdates e testing is r	noted here)
* Copy of results Tests Ordere Comment: As the referring pl limitations of the la	will be sent d (multip	t electronically via our secure le tests are done simul	e system; email a taneously ur taneously ur ient whose specin	Counselor/Counse	ontact Fax ontact Email* ired for status ur r of reflexive	pdates e testing is r	noted here)
* Copy of results Tests Ordere Comment: As the referring pl limitations of the la	will be sent d (multip	t electronically via our secure ele tests are done simul	e system; email a taneously ur taneously ur ient whose specin	Counselor/Counse	ontact Fax ontact Email* ired for status ur r of reflexive	pdates e testing is r	noted here)
* Copy of results Tests Ordere Comment: As the referring pl limitations of the la as appropriate, an	will be sent d (multip	t electronically via our secure le tests are done simul ned above, I certify that the pat st(s) requested, has had the opped the informed consent require	e system; email a taneously ur taneously ur ient whose specin	Counselor/Counse	ontact Fax ontact Email* ired for status ur r of reflexive	pdates e testing is r thas been inform, has been offer	noted here)
* Copy of results Tests Ordere Comment: As the referring pl limitations of the la	will be sent d (multip	t electronically via our secure le tests are done simul ned above, I certify that the pat st(s) requested, has had the opped the informed consent require	e system; email a taneously ur taneously ur ient whose specin	Counselor/Counse	ontact Fax ontact Email* ired for status ur r of reflexive	pdates e testing is r thas been inform, has been offer	noted here) med of the benefits and red genetic counseling
* Copy of results Tests Ordere Comment: As the referring pl limitations of the lias appropriate, an	will be sent d (multip hysician nam aboratory te d has satisfic cian Signati	t electronically via our secure ele tests are done simulated above, I certify that the pate of the informed consent required the consen	e system; email a taneously ur taneously ur ient whose specin portunity to have ements of my ins	Counselor/Counse	ontact Fax ontact Email* ired for status u r of reflexive	pdates e testing is r thas been inform, has been offer Date: _	noted here) med of the benefits and led genetic counseling
* Copy of results Tests Ordere Comment: As the referring pl limitations of the la as appropriate, an Referring Physic	will be sent d (multip	t electronically via our secure ele tests are done simulated above, I certify that the pate of the informed consent required the consen	e system; email a taneously ur taneously ur ient whose specin	Counselor/Counse	ontact Fax ontact Email* ired for status u r of reflexive	pdates e testing is r thas been inform, has been offer	noted here) med of the benefits and led genetic counseling
* Copy of results Tests Ordere Comment: As the referring pl limitations of the last appropriate, an	will be sent d (multip hysician nam aboratory te d has satisfic cian Signati	t electronically via our secure ele tests are done simulated above, I certify that the pate of the informed consent require the information consent require the in	e system; email a taneously ur taneously ur ient whose specin portunity to have ements of my ins	Counselor/Counse	ontact Fax ontact Email* ired for status u r of reflexive	pdates e testing is r thas been inform, has been offer Date: _	noted here) med of the benefits and led genetic counseling