

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)</p> <p>8400 <input type="checkbox"/> Ambry SEQUENCE: Noonan Syndrome (PTPN11, SOS1, RAF1, KRAS)</p> <p>3040 <input type="checkbox"/> APC Amplified (APC gene 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>8508 <input type="checkbox"/> HNPCC, MLH1-Related (sequence and del/dup)</p> <p>8510 <input type="checkbox"/> HNPCC, MLH2-Related (sequence and del/dup, incl. EpCAM/TACSTD1)</p> <p>8512 <input type="checkbox"/> HNPCC, MLH6-Related (sequence and del/dup)</p> <p>2240 <input type="checkbox"/> HNPCC, TACSTD1/ EpCAM –deletion testing</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"/> TP53 Amplified (Gene sequence and deletion duplication)</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, DNAI1 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)</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 <input type="checkbox"/> Test Name: _____ Test Code: _____ <input type="checkbox"/> Test Name: _____ Test Code: _____ <input type="checkbox"/> Test Name: _____ Test Code: _____</p>		
Contact and Organization Information			
▶ Client / Institution Name	▶ Form Completed By (Name)	▶ Return Fax #	▶ Return Phone #
▶ Authorized Ordering Physician		▶ NPI #	

Ambry Use: Verification Completed By: _____ Date: _____ F0810-06-019-GEN-14

The information contained in this facsimile transmission and any attachment is privileged and confidential and remains the property of Ambry Genetics until it is received by the intended recipient. If you are not the intended recipient, please note that any consideration, dissemination, or duplication of this transmission is strictly prohibited. If you have received this communication in error, please return this transmission to Ambry Genetics. In addition, please notify Ambry Genetics immediately by calling our toll free number 866-262-7943.