AVERO™

GASTROINTESTINAL PATHOLOGY REQUISITION

GI15001

Client Services: 1-877-232-9924

PATIENT INFORMATION

Patient Name (Last, First, MI) | Chart#

SSN | DOB | Sex M / F

Address

City | State | ZIP

PHYSICIAN INFORMATION

Physician Signature (REQUIRED)

PATIENT INSURANCE INFORMATION

Primary Insurance ☐ Medicare ☐ Medicaid ☐ Ins. ☐ Patient ☐ Client Bill

Secondary Insurance ☐ Medicare ☐ Medicaid ☐ Insurance

Did you attach a copy of the Insurance Card(s) or Demographic Sheet? ☐ YES ☐ NO

INSURANCE NAME HERE

DIAGNOSTIC INFORMATION (ICD-10)

ICD-10 CODES

Specimen Collection | DATE | TIME

CLINICAL INFORMATION (Check all that apply)

CLINICAL HISTORY

☐ Barrett's Esophagus
☐ Esophagitis
☐ Reflux Esophagitis
☐ Eosinophilic Esophagitis
☐ Gastritis
☐ *H. pylori*
☐ Reactive Gastropathy
☐ Inflammatory Bowel Disease ○ Crohn's ○ Ulcerative Colitis ○ Indeterminate
☐ Ischemia
☐ History of Polyp ○ Malignant ○ Benign
☐ Lymphoma (type) _____
☐ Carcinoma (type) _____

CLINICAL INDICATIONS

☐ Abdominal Cramping
☐ Anorexia
☐ Bleeding (Rectal)
☐ Bleeding (GI)
☐ Blood In Stool
☐ Change In Bowel Habits
☐ Coffee Ground Emesis
☐ Colitis Surveillance
☐ Constipation
☐ Diarrhea (Bloody)
☐ Diarrhea (Watery)
☐ Diverticulosis
☐ Diverticulitis
☐ Dyspepsia
☐ Dysphagia
☐ Epigastric Pain
☐ Heartburn
☐ Nausea
☐ Screening Exam
☐ Malabsorption
☐ Pain (Location)
☐ Reflux
☐ Vomiting
☐ Weight Loss
☐ Other _____

HISTORY OF CANCER

○ Personal (type) _____ ○ Family (type) _____

SPECIAL REQUESTS

☐ Rule Out Barrett's Esoph.
☐ Rule Out Cancer
☐ MMR Reflex to MSI
○ MMR Only
○ MSI Only
☐ Rule Out Adenoma
☐ Rule Out Dysplasia
☐ Rule Out Fungi
☐ Rule Out *H. pylori*
☐ Rule Out I.B.D.
☐ Rule Out Ischemia
☐ Rule Out Lymphoma
☐ Rule Out Microscopic Colitis
☐ Rule Out Parasite
☐ Rule Out Sprue
☐ Rule Out Other: _____

GI SURGICAL SPECIMEN

SPECIMEN SOURCE

☐ Technical Only

SPECIMEN TYPE

BIOPSY | POLYPECTOMY | RANDOM | CYTOLOGY

UPPER GI

ESOPHAGUS | UPPER ESOPHAGUS | MID ESOPHAGUS | LOWER ESOPHAGUS | E.G. JUNCTION | CARDIA | FUNDUS | BODY / CORPUS | ANTRUM / PYLORUS | STOMACH | DUODENUM (BULB) | DUODENUM | DUODENUM (DISTAL) | SMALL BOWEL

LOWER GI

COLON | ILEUM | ILEO-CECAL VALVE | CECUM | ASCENDING | HEPATIC FLEXURE | TRANSVERSE | SPLENIC FLEXURE | DESCENDING | SIGMOID | RECTOSIGMOID | RECTUM

ENDOSCOPIC FINDINGS

1 _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2 _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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6 _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7 _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8 _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ENDOSCOPIC FINDING CODES

1 EROSION
2 ERYTHEMA
3 GRANULARITY
4 MASS
5 NODULARITY
6 NORMAL
7 POLYP
8 POLYPOSIS
9 PSEUDOMEMBRANE
10 STRICTURE
11 ULCER
12 BARRETT'S MUCOSA
13 LESION
14 MICROSCOPIC COLITIS
15 OTHER _____

GI SPECIALTY TESTING

☐ Anal Pap Test ☐ High Risk HPV (off of Anal Pap Test) ☐ Other: _____

Physician Notice – Medicare will only pay for medical necessity testing supported with a symptomatic diagnosis. Medicare patients should sign the Advance Beneficiary Notice of Noncoverage (ABN) on the back of the requisition.

1. Complete the requisition with all requested information. 2. Clearly print the patient name on the label (do not write on the bar code) 3. Place one label on each specimen container(not the lid) 4. Please discard unused vials.

GI15001 Patient Name	GI15001 Patient Name	GI15001 Patient Name	GI15001 Patient Name
GI15001 Patient Name	GI15001 Patient Name	GI15001 Patient Name	GI15001 Patient Name
GI15001 Patient Name	GI15001 Patient Name	GI15001 Patient Name	GI15001 Patient Name

AVERO COPY

AVERO™

Dallas Laboratory: 6221 Riverside Drive, Suite 119, Irving, TX 75039
Lubbock Laboratory: 410 North Utica Avenue, Lubbock, TX 79416
www.averodx.com • 877-232-9924

Notifier:

Patient Name: **Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **laboratory tests** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **laboratory tests** below.

Laboratory Tests	Reason Medicare May Not Pay:	Estimated Cost:

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **laboratory tests** listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **laboratory tests** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **laboratory tests** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the **laboratory tests** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	Date:

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