

ACCOUNT INFORMATION

I authorize the laboratory test(s) as ordered, and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event and the patient's medical record(s) must clearly reflect my order.

Ordering Physician Signature (Required) _____ Date _____

TEST ORDERED*

MOLECULAR WOUND CARE PANEL PANEL DETAILS ON REVERSE

BILLING INFORMATION

- Insurance Medicare Medicaid
 Client Bill Self Pay Worker Comp

Insurance Plan _____

Policy # _____

Policy Phone Number _____

ITEMS REQUIRED TO BE SUBMITTED WITH TESTING REQUISITION:

- MEDICAL RECORDS/NOTES INSURANCE CARD

ICD 10 CODES REQUIRED

ICD	DESCRIPTION
<input type="checkbox"/> A48.8	Other specified bacterial disease
<input type="checkbox"/> A49.9	Bacterial infection, unspecified
<input type="checkbox"/> B99.9	Unspecified infectious disease
<input type="checkbox"/> E10.622	Type 1 diabetes mellitus with other skin ulcer
<input type="checkbox"/> E10.628	Type 1 diabetes mellitus with other skin complications
<input type="checkbox"/> E11.621	Type 2 diabetes mellitus with foot ulcer
<input type="checkbox"/> E13.621	Other specified diabetes mellitus with foot ulcer
<input type="checkbox"/> E13.622	Other specified diabetes mellitus with other skin ulcer
<input type="checkbox"/> I96	Gangrene, not elsewhere classified
<input type="checkbox"/> L08.89	Other specified local infections of the skin and subcutaneous tissue
<input type="checkbox"/> L08.9	Local infection of the skin and subcutaneous tissue, unspecified
<input type="checkbox"/> L89	Pressure ulcer
<input type="checkbox"/> L89.0	Pressure ulcer of elbow
<input type="checkbox"/> L89.1	Pressure ulcer of back
<input type="checkbox"/> L89.2	Pressure ulcer of hip
<input type="checkbox"/> L89.3	Pressure ulcer of buttock
<input type="checkbox"/> L89.4	Pressure ulcer of contiguous site of back, buttock and hip
<input type="checkbox"/> L89.5	Pressure ulcer of ankle
<input type="checkbox"/> L89.6	Pressure ulcer of heel
<input type="checkbox"/> L89.8	Pressure ulcer of other site
<input type="checkbox"/> L89.9	Pressure ulcer of unspecified site
<input type="checkbox"/> L92.3	Foreign body granuloma of the skin and subcutaneous tissue
<input type="checkbox"/> L97.1	Non-pressure chronic ulcer of thigh
<input type="checkbox"/> L97.2	Non-pressure chronic ulcer of calf
<input type="checkbox"/> L97.30	Non-pressure chronic ulcer of unspecified ankle
<input type="checkbox"/> L97.40	Non-pressure chronic ulcer of unspecified heel and midfoot
<input type="checkbox"/> L97.50	Non-pressure chronic ulcer of other part of unspecified foot



Molecular Wound Care Requisition

8601 Dunwoody Pl Ste 444
Atlanta, GA 30350

Phone: 844.497.8851 Fax: 470.355.5462
Email: clientservices@capstonehealthcare.com

PATIENT INFORMATION

Attach copy of the Patient's Face Sheet

Name: _____
Last First Middle

Address: _____

City State Zip Code

DOB: ____/____/____ Sex: M F

Social Security: _____

Phone: _____

I understand that Capstone Healthcare, LLC/ISPM Labs LLC is NOT a specimen banking facility and my sample will NOT be available after 60 days or for future clinical studies. De-identified samples may be stored in a repository and used internally for validation, educational and/or research purposes OR presented in scientific presentations or papers. In addition, de-identified information may be submitted in a HIPPA-compliant manner to research databases: It is my desire to opt out of participating in any research studies using my DNA sample. (initial here) _____

Release and Consent

As a courtesy, Capstone Healthcare, LLC makes every reasonable effort to obtain reimbursement for ordered test. I authorize Capstone Healthcare, LLC to release to Medicare, it's carriers, and any insurance carrier or health plan providing benefits to me, any information that may be needed for claim purpose. I am making an assignment of Medicare, Medicaid, and/or insurance company benefits, including ERISA violations and the right to pursue payment to Capstone Healthcare, LLC. For purposes of this assignment, the term insurance company shall include a self-funded plan. I understand that if my insurance company pays me directly for services rendered by Capstone Healthcare, LLC that I am responsible for forwarding such and all payments directly to Capstone Healthcare, LLC. I also understand and agree that I am responsible for any copayment and/or deductible, as required by my plan.

IMPORTANT: I have read and understand the Patient Acknowledgement and Consent as well as the Patient Disclosure on the back of this form. I permit a copy to this authorization to be used in lieu of the original.

X _____
Patient Signature Date

X _____
Guardian Date

By checking this box, the ordering provider certifies that the patient cannot physically sign the Release and Consent.

- L97.80 Non-pressure chronic ulcer of other part of unspecified lower leg
- L97.90 Non-pressure chronic ulcer of unspecified part of unspecified lower leg
- L98.8 Other specified disorders of the skin and subcutaneous tissue
- M79.1 Myalgia
- R40.1 Stupor
- R50.9 Fever
- R51 Headache
- R53.1 Weakness

ACM1418658 01.20.2020

Name _____

Name _____

Name _____

Name _____

DOB _____

DOB _____

DOB _____

DOB _____

Date _____

Date _____

Date _____

Date _____



ACCOUNT INFORMATION

ACME Laboratories, Inc.

- Dr. Pepsi-Cola Dr. Caffein Ated
- Dr. Smith Jones Dr. Emmett Brown
- Dr. Joey Joseph Dr. Spock

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CAPSTONE
HEALTHCARE



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Last First Middle

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City State Zip Code

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- R50.9 Fever
- R51 Headache
- R53.1 Weakness

MOLECULAR WOUND CARE PANEL DETAIL

Microorganisms Tested

Acinetobacter baumannii
Anaerococcus vaginalis
Bacteroides fragilis
Bacteroides vulgatus
Candida albicans
Candida dubliniensis
Candida auris
Candida parapsilosis
Candida tropicalis
Citrobacter freundii
Clostridium perfringens
Clostridium speticum
Corynebacterium striatum
Corynebacterium tuberculostearicum
Escherichia coli
Enterobacter aerogenes
Enterbacter cloacae
Enterococcus faecalis
Enterococcus faecium
Finegoldia magna
Fusobacterium necrophorum
Fusobacterium nucleatum
Klebsiella pneumoniae
Peptoniphilus harei
Peptoniphilus ivorii
Peptostreptococcus anaerobius
Peptostreptococcus asaccharolyticus
Peptostreptococcus prevottii

Proteus mirabilis
Pseudomonas aeruginosa
Serratia marcescens
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus haemolyticus
Staphylococcus lugdunensis
Staphylococcus saprophyticus
Streptococcus agalactiae
Streptococcus pneumoniae
Streptococcus pyogenes
Prevotella bivia
Morganella morganii
Xeno
16s

Antibiotic Resistant Markers

ampC, FOX, ACC
DHA, MOX/CMY, BIL/LAT/CMY
IMP-1 group, IMP-16, IMP-7
OXA-23, OXA-72, OXA-40, blaOXA-48
VIM, KPC, NDM
CTX-M group 1, CTX-M group 2, CTX-M group 9, CTX-M group 8/25
OXA-1, GES, PER-1, PER-2
TEM, SHV, VEB
ErmA, Erm B, ErmC
mecA
QnrA, QnrS
tetM
vanA1, vanA2, vanB

Patient Acknowledgement and Consent

I consent to submit and voluntarily provide my sample to Capstone Healthcare, LLC/ISPM Labs LLC for testing. I certify that the specimen identified and submitted on this form is my own. I have not adulterated it in any way. I authorize Capstone Healthcare, LLC/ISPM Labs LLC to release the results of this testing to the ordering physician and/or facility.

Patient Disclosure

Please understand that Capstone Healthcare, LLC/ISPM Labs LLC will report the test results to your physician. Capstone Healthcare, LLC/ISPM Labs LLC will bill your insurance or other healthcare coverage plan for this testing. Capstone Healthcare, LLC/ISPM Labs LLC will accept these fees, as determined by your coverage plan, for our services, and you assign all rights to such fee to Capstone Healthcare, LLC/ISPM Labs LLC. Capstone Healthcare, LLC/ISPM Labs LLC will generate a statement to you for any remaining balance. You are responsible for paying Capstone Healthcare, LLC/ISPM Labs LLC for all co-pays, deductibles or non-covered services as dictated by your insurance plan.

Insurance regulations require Capstone Healthcare, LLC/ISPM Labs LLC to seek payment.

For any questions or concerns, please contact Capstone Healthcare, LLC at 844-497-8851. Our address is 8601 Dunwoody Pl. Ste 444, Atlanta, GA 30350.

Physician Acknowledgement and Consent

* I authorize the above ordered laboratory test. If no profile is selected, Capstone Healthcare, LLC/ISPM Labs LLC will test the comprehensive panel (all specialties). Any genetic testing not performed by this laboratory will be forwarded to another accredited laboratory.