

### 1. Clinician Information *(Required - Office Use Only)*

Clinician Name:		
NPI:		
Facility Name:		
Office Phone:	Office Fax:	
Address:		
City:	State:	Zip Code:

### 2. Breath Test Requisitioned *(Required - Office Use Only)*

ICD-10 Codes:	
1)	2)                      3)                      4)
<input type="checkbox"/> Small Intestinal Bacterial Overgrowth (SIBO) <b>with</b> Lactulose (Rx) Breath Test <input type="checkbox"/> Small Intestinal Bacterial Overgrowth (SIBO) <b>without</b> Lactulose (Rx) Breath Test <i>Includes Lactulose Instructions. Clinician must provide a prescription for Lactulose 10g/15mL solution for patient to obtain at their local pharmacy.</i>	
<i>(Advance Beneficiary Notice required for the above tests with original Medicare only)</i>	
<input type="checkbox"/> Small Intestinal Bacterial Overgrowth (SIBO) with Glucose Breath Test <input type="checkbox"/> Lactose Breath Test <input type="checkbox"/> Fructose Breath Test <input type="checkbox"/> Sucrose Breath Test	
Clinician Signature <i>(Required)</i>	Date:

### 3. Patient Information *(Required - Please Print)*

Patient Name:		
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Guarantor for Minor:		
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

### Definition of Medical Necessity

All claims submitted to Governmental Programs for Aerodiagnosics LLC™ breath testing must be medically necessary. "Medically Necessary is defined as a test or procedure that is reasonable and necessary for diagnosis and treatment of illness." Test performed for screening purposes will not be reimbursed by Medicare. Clinicians may deem it medically necessary to order a breath test.

***IT IS EASY TO COLLECT YOUR BREATH SAMPLES – JUST WATCH TWO SHORT VIDEOS! USE THE LINK BELOW FOR EACH VIDEO OR PLEASE CALL US AT 1-617-608-3832 FOR ASSISTANCE.***

<https://aerodiagnosics.com/#cta-2>

### 4. Payment Preference *(Required - Office Use Only, Check Only One Preference)*

<input type="checkbox"/> <b>Billing Medicare, Tricare</b> (Complete section 6 & 7, on reverse side) <i>Original Medicare Requires an ABN</i> <i>All Medicaid Plans use the "No Insurance Option"</i>
<input type="checkbox"/> <b>Bill Insurance with a patient payment</b> (Complete section 6 & 7, on reverse side)  Initial Payment from Patient: <b>\$ 99.74</b>
<input type="checkbox"/> <b>No Insurance Billing</b> (Complete section 7, on reverse side)  <i>Pre-payment – Please include full cash price.</i> <i>Payment plan – Please contact us at 1-617-608-3832.</i> <i>Financial Assistance – Please contact us at 1-617-608-3832.</i>

### 5. Instructions on Payment

<b><i>Please note: We do not participate with Medicaid</i></b>	
1.	If choosing to have your COMMERCIAL INSURANCE or MEDICARE ADVANTAGE billed, please follow the steps below: <ol style="list-style-type: none"> <li>Submit the required Initial Payment by completing the insurance and payment section.</li> <li>We will bill a claim to your carrier. If there are additional monies due, you will receive a billing statement.</li> <li>Act promptly and pay by the date indicated, or discount options may expire.</li> </ol>
2.	If choosing NO INSURANCE, please complete the payment section for FULL PAYMENT of \$209.74.
3.	If you require a Payment Plan or Financial Assistance, please contact us at 1-617-608-3832.

