



Lyme Disease Test Request

Lyme Disease Laboratory
 Stony Brook University Medical Center
 101 Nicolls Rd.
 Level 3 Room 508
 Stony Brook, NY 11794-7300

Phone: 631-444-3824
 FAX: 631-444-7526
 Billing Customer Service: 631-444-4151

Lab Use Only

LYMT
 LYIB
 TID

Visit our Web Site at: WWW.STONYBROOKLYMELAB.ORG

PATIENT INFORMATION (Please print legibly)			
Name (Last, First):		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address:			
City:	State	Zip	
Date of Birth:	Email address:		
Patient Phone #:	Patient I.D. #:		
Date of Service (REQUIRED):	Race/Ethnicity:		

REFERRING PHYSICIAN / LAB / HOSPITAL			
Name:			
Address:			
City:	State	Zip:	
Phone:	FAX:		
MD NPI #:			
MD LICENSE #:			

PLEASE TURN THIS PAGE OVER

Billing Information (REQUIRED)			
Please Bill:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Patient Self Pay
Insurance:	<input type="checkbox"/> Private Insurance Plan	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
READ BELOW AND SIGN ON BACK			
IMPORTANT: IF THE PATIENT IS SUBMITTING INSURANCE OR IS SELF-PAY, THE PATIENT MUST READ THE "GUARANTEE OF PAYMENT" STATEMENT AND SIGN/DATE WHERE INDICATED ON THE BACK OF THIS PAGE IN ORDER TO BEGIN TESTING. A COPY OF THE PATIENT'S INSURANCE CARD BACK AND FRONT IS MANDATORY IN ORDER TO BILL PROPERLY.			
Ins. Co. Name:	Policy Holder:	Policy Holder's Date of Birth:	
Ins. Co. Address:			
Street / Box	Town	State	ZIP
Policy #:	Group #:	Effective Date:	FROM TO

To the ordering Physician: Physicians should only order tests for patients which are medically necessary for the diagnosis and treatment of each patient. Medicare will only pay for tests which meet the Medicare definition of "Medical Necessity". Payment may be denied for a test the physician believes is appropriate, but that does not meet the Medicare definition of medical necessity.

Diagnosis Codes: (ICD-10 Required)	Lyme Antibody Modified 2-Tier with Reflex <input type="checkbox"/>	Lyme Immunoblot	Tick Identification
	1 st Tier: VlsE1/pepC10 IgG/IgM ELISA CPT Code 86618 (\$357) *2 nd Tier: IgM & IgG Whole Cell Sonicate ELISA CPT Code 86617(\$436)	CPT Code 86617 (\$436) <input type="checkbox"/>	CPT Code 87168 (\$117) <input type="checkbox"/>
Specimen Requirements:	Specimen Type: Serum Minimal Volume: 0.5ml Container/Tube: SST (preferred), Red Top (acceptable) Stability: 10 Days (Refrigerated), 30 Days (Frozen)		

*Note: 2nd Tier test will be performed only when the 1st Tier test result is Equivocal or Positive, then additional charges will be applied.

SAMPLE TUBE, SPECIMEN, AND SHIPPING REQUIREMENTS

SPECIMEN REQUIREMENTS:

ALL Sample Tubes **MUST** Be Labeled With:

1. The Patient's **Full Name**
2. The Patient's **Date of Birth** or another identifier unique to the patient (Medical Record Number, ID number, etc.)
Please Note: Tubes not labeled accordingly will not be tested nor will they be returned.
3. Our testing requires **SERUM**. All blood specimens must be centrifuged and serum separated from cells ASAP or within 2 hours of collection. Please refrigerate specimens until they are shipped.
4. Serum separator tubes are recommended. They can be shipped directly after having been centrifuged.
5. Red top tubes are acceptable. However, serum has to be removed into a "pour-off" tube after centrifugation.
6. Lipemic, hemolyzed, icteric and unspun specimens may have adverse effects on the performance of the test.
7. Specimens can be shipped at room temperature as long as they arrive within 2-3 days.
8. Ticks can be shipped in a "Zip-Lock" plastic bag in a padded mailing envelope. Place a piece of moist paper towel in the bag to prevent ticks from drying up. Please call the Lyme Lab before shipping at 631-444-3824.

Please Note: We provide tick identification, not tick testing. Please see page 1 for pricing information.

SHIPPING METHODS:

We supply shipping containers with free UPS return labels to U.S. doctors, labs, and medical institutions. Patients must obtain shipping containers through one of these entities. These shipping containers include an outside box, a plastic canister for serum specimens and a test request form. You can request shipping containers by calling Lyme lab at 631-444-3824. Please remember to retain the provided UPS tracking ticket for future tracking purpose if needed.

Specimens can be shipped by other shipping companies as long as they arrive within 2-3 days and are shipped in an approved I.A.T.A. package labeled with "Biological Substance – Category B (UN 3373)". Packaging does not require biohazard labels.

Please Note: We do not provide blood drawing supplies including drawing tubes, needles, etc.

PLEASE VISIT OUR WEB SITE LISTED ON THE FRONT OF THIS FORM FOR CURRENT TEST PRICES AND CODES OR CALL 631-444-3824. PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE.

****GUARANTEE OF PAYMENT** (Specimen will not be processed if signature below is missing) ****

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THE FOLLOWING:

MANY INSURANCE COMPANIES, INCLUDING MANAGED CARE ORGANIZATIONS, REQUIRE PRIOR WRITTEN AUTHORIZATION FOR CERTAIN BLOOD TESTS. IT IS YOUR RESPONSIBILITY AS A PATIENT TO OBTAIN ALL NECESSARY AUTHORIZATIONS FROM YOUR INSURANCE COMPANY PRIOR TO TESTING.

I ALSO AGREE TO PAY STONY BROOK UNIVERSITY MEDICAL CENTER, STONY BROOK, NY, ANY BALANCES RESULTING FROM THE NONPAYMENT AND/OR THE DENIAL OF INSURANCE CLAIMS, REPRESENTING THE BALANCE ON MY ACCOUNT.

I UNDERSTAND THAT I MAY BE HELD RESPONSIBLE FOR ANY COMMISSIONS PAID TO ATTORNEYS OR COLLECTION AGENCIES IF I DEFAULT ON MY PAYMENT ARRANGEMENTS AND THE HOSPITAL PLACES THE ACCOUNT WITH AN OUTSIDE SERVICE FOR COLLECTION.

PRINT PATIENT NAME:	
PATIENT/GUARANTOR SIGNATURE:	
WITNESS:	DATE SIGNED: