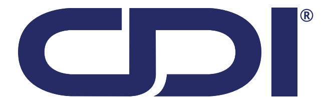
FUNCTIONAL GI DIAGNOSTIC SOLUTIONS

SAMPLE COLLECTION KIT ORDER FORM



COMMONWEALTH
DIAGNOSTICS
INTERNATIONAL

PROVIDER NOTE: *PLEASE SEND THIS COMPLETED FORM BY FAX (888) 258-5973 OR EMAIL INFO@COMMDX.COM*

Provider/Practice Information

Provider Name *(REQUIRED TO PROCESS)* NPI #

Provider Signature* *(REQUIRED TO PROCESS)* Date

Address City State Zip

Practice Name Email

Phone Fax

Please send results via: ☐ Fax ☐ Email ☐ Web Portal

Sample Collection Kit

Quantity

Breath Tests

- ☐ SIBO 10 Tube Lactulose ______
- ☐ SIBO 10 Tube Glucose ______
- ☐ SIBO 6 Tube Lactulose (pediatric use) ______
- ☐ Lactose 6 Tube ______
- ☐ Fructose 6 Tube ______
- ☐ Sucrose 6 Tube ______

Blood Tests

- ☐ IBSchek® Capillary Collection Kit** ______

**IBSchek not available for use in New York or for bulk shipments nationwide. Contact CDI provider support team with questions or for bulk ordering options for IBSchek.

*By signing this order form, the ordering practice represents that it has the appropriate prescribing rights to order the tests selected on this form.

☐ PLEASE CHECK THIS BOX WHEN SHIPPING DIRECTLY TO A PATIENT *(INFORMATION BELOW REQUIRED WHEN CHECKED)*

Patient Information

First Name Last Name

Date of Birth

Full Address Apt. #

City State Zip

Phone #

Email *(Please provide patient email address to receive important information and status updates regarding this test)*

ICD-10 Code for Breath Tests

- ☐ R10.84 Generalized abdominal pain
- ☐ R14.0 Abdominal distension (gaseous)
- ☐ R19.7 Diarrhea, unspecified
- ☐ K59.0 Constipation
- ☐ K58.0 Irritable bowel syndrome with diarrhea
- ☐ A04.9 Bacterial intestinal infection, unspecified
- ☐ ______ Other

ICD-10 Code for IBSchek

- ☐ K59.0 Constipation
- ☐ ______ Other

IMPORTANT INSURANCE & PAYMENT INFORMATION

CDI will submit a claim on the patient's behalf to commercial insurance, Medicare or Tricare. Insurance may cover some or all of the test depending on the patient's insurance plan and benefits. In the event the patient's insurance provider denies the insurance claim, or if the patient has not met the deductible or has a coinsurance or co-pay, or if for any reason the insurance does not cover the full amount of the test, the patient is responsible to pay CDI for products and services received.

CDI does not accept any Medicaid plans: therefore any Medicaid patient taking a test will be responsible for the full cost of the test. CDI offers convenient payment plans and financial hardship programs for qualifying patients. Patients may pay upfront via check sent with the kit or credit card. The maximum out-of-pocket cost is $175 per breath test and $99 per IBSchek for patients that pay promptly in accordance with CDI patient billing policies and programs. For an updated list of in-network providers, please visit **commdx.com/insurance**.