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

Breath Tests

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

*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
- ☐ K63.8211 SIBO, hydrogen subtype
- ☐ K63.8219 SIBO, unspecified cases
- ☐ K63.829 Intestinal Methanogen Overgrowth (IMO)
- ☐ E73.9 Lactose intolerance, unspecified
- ☐ E74.31 Sucrase-isomaltase deficiency
- ☐ E74.12 Hereditary fructose intolerance
- ☐ ______________ 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 $299 per breath test 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**.