ADVANTA ANALYTICAL LABORATORIES

NEW PHYSICIAN REGISTRATION FORM

Please complete registration form, and fax to 903.839.2494. You may also email the form to registration@aalabs.com.

☐ INFECTIOUS DISEASE ☐ MOLECULAR ☐ WOMEN'S HEALTH ☐ PHARMACOGENETICS ☐ TOXICOLOGY ☐ BLOOD

PROVIDER INFORMATION

Ordering Physician's Full Name: _____ Credentials: _____
Last Name, First Name — MD/DO/FNP/PA

Ordering Physician's NPI #: _____

Name of Medical Practice: _____

Name of additional Provider(s) and/or Mid-Level(s):

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

CLINIC LOCATION ADDRESS – *Additional providers and locations on page 2*

Address for clinic location(s) where orders will be placed and samples will be collected:

Primary Location: _____ City: _____ State: _____ Zip: _____
Street Number & Name — Suite

Phone: _____ Fax (for reporting): _____

Specimen Cup: Clear Specimen Collection Cups ☐ Point of Care Collection Cups ☐

Anticipated Monthly Volume: _____

Point of Contact Name: _____ Phone: _____

Email: _____ Implementation Date: _____

HOURS OF OPERATION (MON–WED)				HOURS OF OPERATIONS (THURS–SAT)			
Primary Location	Open Time	Close Time	Shipping Pick-Up Time	Primary Location	Open Time	Close Time	Shipping Pick-Up Time
Monday				Thursday			
Tuesday				Friday			
Wednesday				Saturday			
				Will shipping pick-up need to be coordinated?			YES NO
Please mark "NA" for days UPS/FedEx does not need to pick-up.							FedEx or UPS

CRITICAL REPORTING (BLOOD) – *Required for blood accounts*

During Office Hours		After Office Hours	
Phone:		Phone:	
Contact Name:		Contact Name:	

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ADDITIONAL PROVIDER(S) AND/OR MID-LEVEL(S)

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

_____ Credentials: _____ NPI #: _____
Last Name, First Name

ADDITIONAL LOCATIONS

Additional Location: _____ City: _____ State: _____ Zip: _____
Street Number & Name Suite

Phone: _____ Fax (for reporting): _____

Practice Name (If different from Primary): _____

HOURS OF OPERATION (MON–WED)				HOURS OF OPERATIONS (THURS–SAT)			
Primary Location	Open Time	Close Time	Shipping Pick-Up Time	Primary Location	Open Time	Close Time	Shipping Pick-Up Time
Monday				Thursday			
Tuesday				Friday			
Wednesday				Saturday			
				Will shipping pick-up need to be coordinated?			YES NO
Please mark "NA" for days UPS/FedEx does not need to pick-up.							FedEx or UPS

Additional Location: _____ City: _____ State: _____ Zip: _____
Street Number & Name Suite

Phone: _____ Fax (for reporting): _____

Practice Name (If different from Primary): _____

HOURS OF OPERATION (MON–WED)				HOURS OF OPERATIONS (THURS–SAT)			
Primary Location	Open Time	Close Time	Shipping Pick-Up Time	Primary Location	Open Time	Close Time	Shipping Pick-Up Time
Monday				Thursday			
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Acknowledgment of Ordering Practitioner | Predefined Customer Profile Attestation

1. Decisions on ordering laboratory testing are based solely on the medical necessity for a specific medical condition and the results used in the management of a specific medical condition. The provider understands that when ordering tests for which Medicare reimbursement will be sought, the treating provider should only order those tests which the physician believes are medically necessary for each patient. The undersigned providers have been informed that the Office of Inspector General (OIG) takes the position that a provider who orders medically unnecessary tests may be subject to civil penalties.
2. By signing this form, it is hereby certified that the treating physician shall review the volume, frequency, and duration of testing and order laboratory testing accordingly and in accordance with clinical indication and medical necessity.
3. By signing this form, I acknowledge if any Point of Care (POC) device is provided by the lab I will not directly or indirectly bill or collect a fee for POC testing without submitting payment to the lab for the device at a fair market value rate. I agree and understand the device will be used solely to collect, transport, process, or store specimens referred to the lab for testing. I acknowledge and understand that use of the POC device for any other purpose or billing for POC testing with laboratory-provided POC devices without remitting payment for same to the lab could be interpreted as a violation of Anti-Kickback Statue 42 U.S.C. § 1320a-7b.
4. I acknowledge if any POC device is provided by the lab and I remunerate off any service in which the device is used, I will receive an invoice and remit payment for the device at fair market value.
5. It is agreed that all supporting medical necessity documentation should be available, legible, and maintained in the patient's medical record.
6. I verify that I am ordering samples for testing to be performed at Advanta Analytical Laboratories and its affiliated contracted laboratories.
7. The signatories hereto understand there may be applicable National Coverage Determinations and Local Coverage Determinations for clinical laboratory testing.

I acknowledge Advanta Analytical Laboratories has provided me with information regarding its policies and guidelines for laboratory testing to my satisfaction.

Practice Name: _____

Physician's Printed Name: _____

Physician's NPI: _____

Physician's Signature: _____

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Client Annual Compliance Letter

2018

Medical Necessity: our requisitions are designed to emphasize physician choice. Only tests that are medically necessary for the diagnosis or treatment of the patient will be reimbursed.

The Centers for Medicare and Medicaid Services (CMS) has 23 National Coverage Determinations (NCDs) regarding clinical laboratory tests. These decisions state the medical conditions for which laboratory tests are covered, reasonable and necessary on a national level. Additionally, Medicare carriers and fiscal intermediaries have the authority to develop and implement Local Coverage Determinations (LCDs) for the local area that does not conflict with the national determinations. The CMS national policies are listed at: http://www.cms.hhs.gov/center/clinical. Medicare generally does not cover routine screening medical exams and screening tests (Exception: entry physical within first 6 months of enrollment into Medicare program). Of note, the Office of Inspector General (OIG) takes the position that a medical provider who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed, may be subject to civil, criminal or administrative penalties under the False Claims Act.

Medicare Advance Beneficiary Notice Of Non-Coverage (ABNs): In an effort to remain compliant with federal billing regulations and avoid notions and perceptions of possible inducement violations and the filing of false claims to CMS, Advanta Analytical Laboratories requests from its clients that a completed copy of the Medicare ABN accompany the lab requisition and specimens when the ordering entity suspects a lab test/s may not be covered by Medicare. Please ensure that all lab orders are submitted with the appropriate ICD 10 diagnoses codes.

Inducements: Advanta Analytical Laboratories does not offer any inducements to clients in order to secure Medicare and Medicaid billings. We do not offer any unfair advantages such as accepting and billing for lab services deemed not medically necessary by CMS. All supplies and equipment provided to customers are directly related to specimen collection, processing, and reporting of test results.

Problem Requisitions / Specimens: Claims for reimbursement are submitted only for tests which have been both ordered and performed. If the laboratory receives a specimen without a test ordered or with unclear testing instructions, the ordering physician will be contacted and asked to provide a revised requisition to the lab (or detailed instructions). Laboratory staff may not add or change tests ordered to the unclear lab requisition.

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Medicare Part B Claims: an ICD-10 code(s) must be included on all Medicare Part B Claims when a diagnostic test is ordered to establish medical necessity. Therefore, all requisitions must include the ICD-10 code as the reason for the test.

Required Information: Please use laboratory requisitions preprinted with your location information. The following information is required on all laboratory requisitions:

- Patient's Name
- Birth date
- All Insurance Information and Copies of Insurance Card(s)
- Physician Name and Signature
- Payable ICD-10 Diagnosis Code(s)
- Indication of Test(s) to be performed
- Date & Time of Specimen Collection
- ABN – if applicable

The patient or client will be billed if the above information is not provided for those patients that we have been ordered to bill insurance.

Add-on Test Request: In an effort to ensure that "add-on" requests for clinical laboratory tests are properly documented in accordance with federal guidelines and laboratory policies, all "add-on" requests must be submitted via a faxed lab requisition to our Client Services Department. Fax: 903-839-2494

Reflex Testing: Reflex testing may be performed in the absence of a specific written order when results of initial testing indicate that a second related test is medically appropriate.

Calculated Test Results: Charges for calculations derived from other test results are not submitted for billing. The reporting of such calculations as a part of the test results does not affect any claims for reimbursements to federal or privately funded healthcare programs.

Panel Testing: All routine chemistry tests should be ordered separately except for those contained in federally defined laboratory panels. No tests are provided to customers or potential customers free-of-charge or at below cost either as a professional courtesy or in order to secure additional business. We cannot accept custom panel orders for third party insurance billing. Lab requisitions received with such requests will be delayed until clarification can be obtained from the ordering entity. Delays for testing and results may exceed 24 hours from time of receipt.

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Prohibited Referrals: It is Advanta Analytical Laboratories' policy to comply with all aspects of the self-referral prohibitions and exceptions established by Stark I and II.

Monitoring: All laboratory testing sites are regularly monitored to safeguard against unintentional violations of federal compliance guidelines. Monitoring activities are also aimed at raising awareness of federal guidelines and assisting in developing mechanisms for successfully meeting them.

Web Sites: **Clinical Laboratory Center/ Medicare**
http://www.cms.hhs.gov/center/clinical

OIG Compliance Program Guidance for Clinical Laboratories
http://oig.hhs.gov/authorities/docs/cpglab.pdf

The False Claims Act
http://oig.hhs.gov/fraud/falseclaimsact.asp

The Sarbanes-Oxley Act of 2002
http://www.soxlaw.com/

HIPAA Privacy Rule
http://www.hhs.gov/ocr/hipaa/

Anti-kickback Statute – Safe Harbor Regulations
http://www.oig.hhs.gov/fraud/safeharborregulations.asp

Physician Self Referral Law, Stark I, II, III
http://www.cms.hhs.gov/physicianselfreferral/

Advanced Beneficiary Notices
http://www.cms.hhs.gov/BNI/

Client Signature: _____

Print Name: _____

Date: _____