



## Acknowledgement and Signature Form

I understand that I can contact the labs Lab Directors should I have questions regarding the appropriateness of any test order.

I hereby acknowledge that the labs will perform drug testing/blood testing/genetic testing for patients from my practice as directed by my Test Requisition Form.

I understand my signature is required for each patient's test order. I acknowledge that my signature must either be on each test requisition **OR** in the patient's medical chart and available upon request.

I understand that it is my responsibility to determine the medical necessity of tests I have requested for the treatment and/or diagnosis of my patients. I agree to provide diagnosis codes, defined to the highest level of specificity, for each test that I order to confirm medical necessity and to enable the labs to bill effectively on my patient's behalf. Tests that are deemed medically unnecessary may result in a denial of payment and/or penalties.

I further understand that per Medicare, confirmation of drug screen is indicated when the result of the drug screen is positive and is different than that suggested by the patient's medical history, clinical presentation, or patient's own statement.

Negative results from drug screens can proceed to confirmation if the negative findings are found to be inconsistent with the patient's prescribed medications and/or clinical history." I understand that the Office of Inspector General (OIG) has cautioned: "Using a customized profile may result in the ordering of tests which are not covered, reasonable, or necessary" and "OIG takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal, and administrative law."

I understand that the labs will be billing third parties for the tests I ordered using the CPT codes noted in the Annual Notice to Physicians. If Medicare, Medicaid, or other insurance providers request documentation, I will provide signed written orders from the patient's medical records to the requesting party within 72 hours.

In cases of multiple physicians within a group practice, each practitioner must indicate their acknowledgment by signing below:

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner's Name (please print): \_\_\_\_\_

Clinic Name (please print): \_\_\_\_\_