Instructions for completing the NeoGenomics test requisition form for all assays are outlined below. These provide a general overview, but please contact Client Services at 866.776.5907, option 3 or Client.Services@neogenomics.com for further details. For more information or to order online, visit https://neogenomics.com/online-ordering.

1 **Client Information**
- **Requisition Completed by:** Signature and Date.
- **Account Number:** If you do not know or do not have an account number, NeoGenomics will create and/or enter it when we receive the order.
- **Ordering Physician:** Name (Last, First), NPI #
- **Treating Physician:** Name (Last, First), NPI #

2 **Test Authorization and Physician Signature**
- **Required:** Important information to support the testing is medical necessary for the patient’s condition, which supports claim payment for both clients and NeoGenomics

3 **Billing Information**
- **Required:** Mark Specimen Origin
  - **Client Bill:** All charges billed to client (listed in #1 above)
  - **Insurance/ Medicare/ Medicaid:** All charges billed to insurance except when payer follows CMS guidelines and patient status indicated as inpatient or outpatient; if so, TC charges billed to client (listed in #1 above), PC charges to insurance
  - **Patient/Self Pay:** All charges billed to patient
  - **Split Billing - Client (TC) and Insurance (PC):** All TC charges billed to client (listed in #1 above), all PC charges to Insurance
  - **OP Molecular to MCR, all other testing to client:** Molecular testing billed to Medicare, all other testing to client (listed in #1 above)
  - **Bill charges to other Hospital/Facility:** If client other than listed in #1 above is to be billed, please indicate name and address here

4 **Clinical Information / Patient History**
- **Accurate diagnosis information helps inform health insurance coverage and supports faster turn-around-time by preventing followup from our Client Services, Billing and Pathology groups.**
- **To prevent a delay in patient care and to avoid billing issues, include:**
  - **Required:** Diagnosis Code/ICD Code, Reason for Referral, Stage OR Disease status.
  - **Attachments:** Supplementary test results may assist our pathologists in their assessment of the case. Scan and include with submission. Utilizing online ordering will make this process easier. For more information or to order online, visit https://neogenomics.com/online-ordering.

5 **Patient Information**
- **Patient Legal Name:** (Last, First, MI), Sex, Date of Birth, and Medical Record #

6 **Specimen Information**
- **Provide information only for the specimen type that is being submitted.**
- **All orders submitted Required:** Specimen ID, Date (collection, retrieved, discharge), specimen type and prep method

For more information, visit https://neogenomics.com/sites/default/files/Brochure/Specimen-Requirements.pdf