OUTSIDE MONITORING PHYSICIAN ORDER FORM

Henry Fertility ***Michael A. Henry, MD***

Date of Service for Monitoring**:** **Please fax this Order to 317.817.1810**

Patient Name:

Last *First* *Initial*

Patient Address:

City: State: Zip:

Patient Phone Home: Cell: Fax:

Services to be Rendered (please check all that apply) Diagnosis Code:

	Baseline Ultrasound - 76830		Progesterone Level - 84702		AMH Level - 82397
	Follicle Ultrasound - 76857		FSH Level - 83001		Quant Bhcg - 84702
	Viability Ultrasound - 76817		LH Level - 83002		Prolactin Level - 84146
	Estradiol Blood Test - 82670		TSH Level - 83003		

Comments/Instructions:

Ordering Physician/Practitioner:

Ordering MD Signature:

Contact Name: Phone: Fax:

Notes:

201 Pennsylvania Parkway, Suite 325 Carmel, Indiana 46280 P: 317.817.1800 F: 317.817.1810
www.henryfertility.com
Henry Fertility Contact: Kristen Carr Email: Kcarr@henryfertility.com

Henry Fertility . 201 Pennsylvania Parkway . Suite 325 . Carmel, IN 46280
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INTAKE FORM FOR OUTSIDE CLINIC SERVICES

*****Please fill out this form and fax back to our office along with the***
Outside Monitoring Physician Order Form **

Monitoring Patient Information

Legal Name of patient/donor:		
Address:		
Home phone:	Work Phone:	Cell Phone:
Email Address:		
Date of Birth:		

Insurance Information (if applicable) ❑ ***Patient is self-pay (see credit card info below)***

Insurance Carrier:	
ID#	Group#
Insurance Phone:	Insurance address:

Agency Information

Name of Agency:	
Phone:	Fax:
Address:	
Contact Name:	
Contact Email:	
Ordering Physician:	

Billing Information

Name of Responsible Party:
Address:
Phone:

Credit Card Information (required)

❑VISA ❑MASTERCARD ❑AMERICAN EXPRESS ❑DISCOVER

Card Number:	Exp Date:	Code:

The provided credit card will be automatically charged as services are rendered and an itemized receipt will be mailed or emailed to the address provided.

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INTAKE FORM FOR OUTSIDE CLINIC SERVICES

Instructions:

- Please fax or email the completed Agency registration form along with the Outside Monitoring Order Form, and a copy of the front and back of the insurance card if applicable.
- Please instruct the patient to go to our website at www.henryfertility.com and follow the link on the home page to the forms page. They will need to print out the forms from the link labeled "Outside Monitoring Patients".
- Instruct patient to read through and complete all forms on the link and bring to the first appointment completed.
- Instruct patient to bring a copy of the order to each appointment.
- All ultrasounds and lab work for outside monitoring patients are rendered at 8:30am Monday – Saturday by appointment only.

Services provided in house:

- CPT 76830 baseline ultrasound
- CPT 76857 follicle ultrasound
- CPT 76817 viability ultrasound (rendered by MD to 10 weeks gestation only)
- CPT 82670 Estradiol blood test (includes Venipuncture fee)

Labs sent to LabCorp for processing: *(may require additional venipuncture fee)*

- Progesterone 84144
- FSH 83001
- LH 83002
- TSH 83003
- AMH 82397
- QuantBhcg 84702
- ProLactin 84146

A price sheet is available upon request. Please email request for pricing to AMarvel@henryfertility.com.

**Please provide LabCorp account for billing if applicable. If not applicable, fees per draw are due on the DOS.

LabCorp Billing Account #:

**If insurance is to be utilized for services rendered, there is a $50.00 monitoring program fee per service, per day, due on the day services are rendered. For the labs to be sent to Lab Corp for processing in the case of insurance coverage, Lab Corp will bill patient or agency directly after sending their claims to insurance.