

# 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:

<input type="checkbox"/>	Baseline Ultrasound - 76830	<input type="checkbox"/>	Progesterone Level - 84702	<input type="checkbox"/>	AMH Level - 82397
<input type="checkbox"/>	Follicle Ultrasound - 76857	<input type="checkbox"/>	FSH Level - 83001	<input type="checkbox"/>	Quant Bhcg - 84702
<input type="checkbox"/>	Viability Ultrasound - 76817	<input type="checkbox"/>	LH Level - 83002	<input type="checkbox"/>	Prolactin Level - 84146
<input type="checkbox"/>	Estradiol Blood Test - 82670	<input type="checkbox"/>	TSH Level - 83003	<input type="checkbox"/>	

Comments/Instructions:

Ordering Physician/Practitioner:

Ordering MD Signature:

Contact Name:

Phone:

Fax:

Notes:

201 Pennsylvania Parkway, Suite 325 Indianapolis, Indiana 46280 P: 317.817.1800 F: 317.817.1810

[www.henryfertility.com](http://www.henryfertility.com)

Henry Fertility Contact: Andrea Marvel E: [AMarvel@henryfertility.com](mailto:AMarvel@henryfertility.com)

**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:
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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.

**INTAKE FORM FOR OUTSIDE CLINIC SERVICES**

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**Instructions:**

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- 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](http://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:**

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- 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)*

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- 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](mailto: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.