

OUTSIDE MONITORING PHYSICIAN ORDER FORM

Reproductive Services of Indiana

Michael A. Henry, MD

WE DO NOT ACCEPT WALK-INS. WE REQUIRE 24 HRS NOTICE

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 Carmel, Indiana 46280 P: 317.817.1800 F: 317.817.1810

www.henryfertility.com

E: reception@henryfertility.com

INTAKE FORM FOR OUTSIDE CLINIC SERVICES

****Please fill out this form and fax back to our office along with the doctor's orders****

Order form must include specific CPT codes

WE DO NOT ACCEPT WALK-INS. WE MUST HAVE 24 HOURS NOTICE.

We do not accept insurance for outside monitoring patients.

Monitoring Patient Information

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

Agency

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

Billing

Name of Responsible Party:
Address:
Phone:

Credit Card Info (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

Instructions:

- Please fax or email the completed form along with the doctor's orders **complete with specific CPT codes**, desired dates of service.

We do not accept insurance for outside monitoring patients.

We do not accept walk-ins. We must have an order 24 hours in advance to put the patient on the schedule.

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.

Instruct patient to print out all forms on the list 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.

We do not get results back until 1pm or after on a daily basis. We will fax results upon receipt.

Please DO NOT call repeatedly looking for results as that will not help in speeding up the process.

If you have not received results by 3pm, please email [nurse@henryfertility.com] or text 317.817.1800

We do not accept insurance for outside monitoring patients. Services are run through our third party program, Reproductive Services of Indiana. This program does not have any contracts with insurance companies.

Services provided in house:

- CPT 76830 baseline ultrasound - \$450.00 ea
- CPT 76857 follicle ultrasound - \$375.00 ea
- CPT 76817 viability ultrasound - \$525.00 (rendered by MD to 10 weeks gestation only)
- CPT 76831/58340 SIS or Sonohystogram - \$950.00
- CPT 82670 Estradiol blood test - \$145.00 ea
- CPT 36415 Venipuncture fee - \$30.00

Labs sent to LabCorp for processing: (may require additional \$30.00 venipuncture fee)

- Progesterone 84144 - \$145.00 ea
- FSH 83001- \$145.00 ea
- LH 83002 - \$145.00 ea
- TSH 83003 - \$145.00 ea
- AMH 82397 - \$145.00 ea
- QuantBhcg 84702 - \$145.00 ea
- ProLactin 84146 - \$145.00 ea

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

LabCorp Billing Account #: