

CLIENT INFORMATION (Please check requesting physician)

CHECK ONE: ☐ TC ONLY ☐ GLOBAL ☐ PC ONLY

PRACTICE NAME

ADDRESS LINE 1

ADDRESS LINE 2

Phone: ###-###-#### Fax: ###-###-####

PATIENT INFORMATION (Green highlighted sections are required information)

Please attach a patient face sheet and front and back of primary and secondary insurance card:

PATIENT NAME REQUIRED

☐ See Attached

Name (Last, First):

Date of Birth: / / Sex: M F SS#:

Address:

City: State: Zip:

Home Phone #: Work Phone #:

Medical Record #:

I hereby authorize the release to EmeritusDX/Freedom of any medical and insurance information necessary to process claims for services provided by EmeritusDX/Freedom. I hereby authorize EmeritusDX/Freedom to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX/Freedom.

PHYSICIAN NAME, MD

BILLING INFORMATION

Primary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client

Insurance: Policy # Group #:

Ins. Address: City: State: Zip:

Policy Holder: DOB:

Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other

Secondary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client

Insurance: Policy # Group #:

Ins. Address: City: State: Zip:

Patient Signature

CLINICAL INFORMATION

Collection Date: **Clinical History:**

PHYSICIAN NOTICE

Physician is required to (1) submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity, or (2) explain and have the patient sign an ABN.

ICD-10 Codes (see back):

PLEASE INDICATE PRECISE SITE AND SOURCE OF SPECIMEN

LEFT

☐ Skin ☐ Soft Tissue ☐ Bone ☐ Nerve



NAIL

☐ Nail ☐ Left ☐ Right Digit(s):



RIGHT

☐ Skin ☐ Soft Tissue ☐ Bone ☐ Nerve



☐ MARGINS REQUESTED

CLINICAL IMPRESSION

☐ **SKIN**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Pigmented/Melanoma/Nevus
☐ Verruca/Squamous Cell Carcinoma
☐ Dermatitis/Tinea/Psoriasis
☐ Ulceration
☐ Other

Specimen 1 Specimen 2

☐ **SUBCUTANEOUS SOFT TISSUE**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Neoplastic/Tumor
☐ Inflammatory/Infectious
☐ Other

☐ **BONE**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Neoplastic/Tumor
☐ Degenerative Joint Disease
☐ Osteomyelitis
☐ Other ICD-10:

CLINICAL IMPRESSION

☐ **NAIL**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Pigmented/Melanoma/Nevus
☐ Non-Pigmented Lesion
☐ Dystrophic/Dermatophyte/Psoriasis
☐ Verruca/Squamous Cell Carcinoma
☐ PAS (recommended for initial test)
☐ PAS + GMS (higher sensitivity)
☐ Other

Specimen 1 Specimen 2

CYTOLOGY/FLUID/CRYSTAL ANALYSIS

☐ Aspiration Crystal Analysis (Fresh or in ETOH)
☐ Aspiration Tumor (Ganglion/Cyst)
Source:

ADDITIONAL CLINICAL INFORMATION:

☐ MARGINS REQUESTED

CLINICAL IMPRESSION

☐ **SKIN**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Pigmented/Melanoma/Nevus
☐ Verruca/Squamous Cell Carcinoma
☐ Dermatitis/Tinea/Psoriasis
☐ Ulceration
☐ Other

Specimen 1 Specimen 2

☐ **SUBCUTANEOUS SOFT TISSUE**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Neoplastic/Tumor
☐ Inflammatory/Infectious
☐ Other

☐ **BONE**

☐ Shave ☐ Punch ☐ Biopsy ☐ Excision
☐ Neoplastic/Tumor
☐ Degenerative Joint Disease
☐ Osteomyelitis
☐ Other ICD-10:

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

PHYSICIAN/AUTHORIZED SIGNATURE

Signature required on this order or in the patient's medical record

DATE

NAME:

DOB:

LOCATION:

NAME:

DOB:

LOCATION:

NAME:

DOB:

LOCATION:

NAME:

DOB:

LOCATION:

Please make a copy of this document for your records.

PODIATRY ICD-10 CODES

R60.0	Localized edema	L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg
R60.1	Generalized edema	M66.369	Spontaneous rupture of flexor tendons, unspecified lower leg
R60.9	Edema, unspecified	S92.311A	Displaced fracture of first metatarsal, right foot, initial encounter for closed fracture
M20.11	Hallux valgus (acquired), right foot	S92.312A	Displaced fracture of first metatarsal, left foot, initial encounter for closed fracture
M20.12	Hallux valgus (acquired), left foot	S92.314A	Nondisplaced fracture of first metatarsal, right foot, initial encounter for closed fracture
M20.10	Hallux valgus (acquired), unspecified foot	S92.315A	Nondisplaced fracture of first metatarsal, left foot, initial encounter for closed fracture
M77.30	Calcaneal spur, unspecified foot	S92.321A	Nondisplaced fracture of first metatarsal, right foot, initial encounter for closed fracture
M77.31	Calcaneal spur, right foot	S92.322A	Displaced fracture of second metatarsal, left foot, initial encounter for closed fracture
M77.32	Calcaneal spur, left foot	S92.324A	Nondisplaced fracture of second metatarsal, right foot, initial encounter for closed fracture
S98.111A	Complete traumatic amputation of right great toe, initial encounter	S92.325A	Nondisplaced fracture of second metatarsal, left foot, initial encounter for closed fracture
S98.112A	Complete traumatic amputation of left great toe, initial encounter	S92.331A	Displaced fracture of third metatarsal, right foot, initial encounter for closed fracture
S98.119A	Complete traumatic amputation of unspecified great toe, initial encounter	S92.332A	Displaced fracture of third metatarsal, left foot, initial encounter for closed fracture
S98.121A	Complete traumatic amputation of right lesser toe(s), initial encounter	S92.334A	Nondisplaced fracture of third metatarsal, right foot, initial encounter for closed fracture
S98.122A	Complete traumatic amputation of left lesser toe(s), initial encounter	S92.335A	Nondisplaced fracture of third metatarsal, left foot, initial encounter for closed fracture
S98.129A	Complete traumatic amputation of unspecified lesser toe(s), initial encounter	S92.341A	Displaced fracture of fourth metatarsal, right foot, initial encounter for closed fracture
L03.119	Cellulitis of unspecified part of limb	S92.342A	Displaced fracture of fourth metatarsal, left foot, initial encounter for closed fracture
L03.129	Acute lymphangitis of unspecified part of limb	S92.344A	Nondisplaced fracture of fourth metatarsal, right foot, initial encounter for closed fracture
M20.5X1	Other deformities of toe(s) (acquired), right foot	S92.345A	Nondisplaced fracture of fourth metatarsal, left foot, initial encounter for closed fracture
M20.5X2	Other deformities of toe(s) (acquired), left foot	S92.351A	Displaced fracture of fifth metatarsal, right foot, initial encounter for closed fracture
M20.5X9	Other deformities of toe(s) (acquired), unspecified foot	S92.352A	Displaced fracture of fifth metatarsal, left foot, initial encounter for closed fracture
B07.0	Plantar wart	S92.354A	Nondisplaced fracture of fifth metatarsal, right foot, initial encounter for closed fracture
M21.40	Flat foot (pes planus) (acquired), unspecified foot	S92.355A	Nondisplaced fracture of fifth metatarsal, left foot, initial encounter for closed fracture
M21.41	Flat foot (pes planus) (acquired), right foot	S92.309A	Fracture of unspecified metatarsal, unspecified foot, initial encounter for closed fracture
M21.42	Flat foot (pes planus) (acquired), left foot	Z20.822	Contact with and (suspected) exposure to COVID-19
Q66.50	Congenital pes planus, unspecified foot		
Q66.51	Congenital pes planus, right foot		
Q66.52	Congenital pes planus, left foot		
Q66.80	Other congenital deformities of feet		
Q66.89	Other congenital deformities of foot		
L84	Corns and callosities		
B35.1	Tinea unguium		
B35.3	Tinea pedis		
M81.0	Age-related osteoporosis without current pathological fracture		
M81.8	Other osteoporosis without current pathological fracture		
M76.60	Achilles tendinitis, unspecified leg		
M76.61	Achilles tendinitis, right leg		
M76.62	Achilles tendinitis, left leg		
S90.821A	Blister (nonthermal), right great toe, initial encounter		
S90.822A	Blister (nonthermal), left great toe, initial encounter		
S90.829A	Blister (nonthermal), unspecified great toe, initial encounter		
L60.0	Ingrowing nail		