

STI REQUISITION FORM

14215 Metcalf Ave.
Overland Park KS, 66223
P: 913-624-9005 F: 913-261-9117
Email: clientservices@mokanlabs.com



ACCOUNT INFORMATION

Ordering Facility _____

Address _____

City, State, Zip _____

Phone _____

Collection Date & Time _____

Source of Collection

☐ Urine (Void) ☐ Swab

PATIENT & BILLING INFORMATION

Name: _____
Last First MI

Address: _____

City State Zip Code

Date of Birth: _____ Sex: ☐ M ☐ F

Social Security #: _____ Phone #: _____

☐ Insurance ☐ Medicare ☐ Medicaid
☐ Client Bill ☐ Self-Pay ☐ Workers Comp
☐ Skilled Nursing Facility ☐ Uninsured

Insurance Plan: _____

Policy #: _____ Group #: _____

Relationship to Insured: _____

****Attach Copy of Front & Back of Current Insurance Card***

PROVIDER AUTHORIZATION

Ordering Provider (please print) _____

X _____
Provider Signature

_____ Date

MOLECULAR PATHOGEN PANEL ORDERED

Molecular STI (Sexually Transmitted Infection)

***REQUIRED: SELECT ONE**

- ☐ All organisms listed below
☐ Individual organisms selected below

Organisms:

- ☐ *Chlamydia trachomatis* ☐ *Gardnerella vaginalis* ☐ *Mycoplasma genitalium*
☐ *Mycoplasma hominis* ☐ *Neisseria gonorrhoea* ☐ *Trichomonas vaginalis*
☐ *Ureaplasma urealyticum*

INDICATION FOR MEDICAL NECESSITY

***REQUIRED: SELECT ALL THAT APPLY**

- ☐ Current symptoms of STI
☐ New or multiple sexual partners
☐ Unprotected sex
☐ History of STIs
☐ Pregnancy
☐ Male who has sex with men
☐ Engagement in high-risk non-sexual behaviors
☐ Partner with STI
☐ Screening per CDC guidelines
☐ Other: _____

ICD 10 CODE(S)

***REQUIRED: SELECT ALL THAT APPLY**

- ☐ Z11.3 – Encounter for screening for infections with a predominantly sexual mode of transmission
☐ Z20.2 – Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
☐ Z72.51 – High-risk heterosexual behavior
☐ Z11.8 – Encounter for screening for other infectious and parasitic diseases
☐ R30.0 – Dysuria
☐ R36.9 – Urethral discharge, unspecified
☐ N34.2 – Other urethritis
☐ R82.79 – Other abnormal findings on cytological and histological examination of urine
☐ N89.8 – Other specified noninflammatory disorders of vagina
☐ R87.89 Other abnormal findings in specimens from female genital organs this one as well
☐ A54.00 – Gonococcal infection of lower genitourinary tract, unspecified site
☐ A56.00 – Chlamydial infection of lower genitourinary tract, unspecified
☐ A59.00 – Urogenital trichomoniasis, unspecified
☐ A63.8 – Other specified predominantly sexually transmitted diseases (for less common STIs)
☐ Other: _____

Release and Consent

As a courtesy, Mokan Labs, LLC makes every reasonable effort to obtain reimbursement for ordered tests. I authorize Mokan Lab, LLC to release to Medicare, its carriers, and any insurance carrier or health plan providing benefits to me, any information that may be needed for claim purpose. By authorizing the test, I hereby assign to Mokan Labs, LLC all Medicare, Medicaid, and/or insurance benefits related to ordered tests. I understand if my insurance company pays me directly for services rendered by Mokan Labs, LLC, I am responsible for forwarding any & all such payments directly to Mokan Labs, LLC. I also understand and agree to that I am responsible for any copayment and/or deductible, as required by my plan. In addition, I understand and agree that if for any reason the ordered & performed tests are excluded from coverage by Medicare, Medicaid, or other insurance, I am financially responsible for payment to Mokan Labs.