



How to Submit Your Video EEG Orders Online

You are always welcome to submit your orders via fax to either: 877-492-1768 or 877-944-2111, however if you prefer to submit your orders online go to <https://www.integrisneuro.com/order-forms> and follow the instructions below.

1. Click on the **“Submit Online”** below the name of the order type you would like to submit.

A screenshot of a web browser displaying the Integris Neuro website. The browser's address bar shows "integrisneuro.com/order-forms". The website header includes the Integris Neuro logo and navigation links for Home, Order Forms, Physician Login, and About Us. Below the header, there are instructions: "Click Order Form Below to Download PDF" and "Click **Submit Online** below to Submit Online Order". Three order form thumbnails are displayed: "Video EEG Order", "Routine EEG Order", and "EEG Intermittent Monitoring Request". Each thumbnail has a "Submit Online" button. The "Submit Online" button for the "Video EEG Order" is circled in red. The footer of the website contains the Integris Neuro logo, copyright information "© 2021 INTEGRIS NEURO LLC All Rights Reserved", and a Facebook icon.

2. Click on **“Phone Number”** button and enter your cell phone # to receive a text authorization code. Enter your authorization code in the box that pops up.

The screenshot shows a web browser window with the URL pdffiller.com/en/link_to_fill/720722837.htm. The page displays the Integris Neuro logo and a heading "Additional Authentication Required". Below the heading, it states "The sender has requested your authentication for this document." and provides two options: "1. Choose one of the methods below to confirm your identity." and "2. Please provide us with your name and email address to ensure secure authentication." The "Phone Number" button under option 1 is circled in red. Below option 2, there are input fields for "Name" and "Email Address" and a "GET STARTED" button. On the right side of the browser window, a "Long Term Video Ambulatory EEG" order form is visible, containing fields for patient information, insurance, and a list of Medicare Accepted ICD-10 Codes.

3. Enter your name and email address, then click on the **“Get Started”** button.

The screenshot shows the same web browser window as above, but now the page displays a "Thank you!" message. It states "The owner of this document has requested that you fill out the following required information." and shows "1. You Have Authenticated with Phone" with a green checkmark and the phone number "19729981548". Below this, "2. Enter the required information" is circled in red, showing the "Name" and "Email Address" input fields and the "GET STARTED" button. The right side of the browser window still shows the "Long Term Video Ambulatory EEG" order form, which is identical to the one in the previous screenshot.

4. Click on the orange “I Consent” button at the bottom of the screen

Electronic Record and Signature Disclosure
Agreement to do business with Integris Neuro

Electronic Record and Signature Disclosure

From time to time, Integris Neuro (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the airSlate, Inc. (airSlate) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I Consent" button below.

- All notices and disclosures will be sent to you electronically**
We will be providing you via electronic mail to the your email address of all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you.
- Valid and current email address, notification and updates**
Your current valid email address is required in order for you to continue to use airSlate signing system and receive notices and disclosures as required by law. After you complete this document, you will be prompted to enter your email address. You must enter your email address. You agree to keep Integris Neuro and airSlate informed of any changes in your email address. To advise Integris Neuro of a change in your e-mail address, please send an email to sesites@integrisneuro.com.

To let airSlate know of a change in your e-mail address, you must contact airSlate support team by email via support@airslate.com. It is your responsibility to check your email for Electronic Communications and to check for updates to this Agreement.

[Send Disclosure over the email](#)
I Consent

Long Term Video Ambulatory EEG Order Form

Procedure: Long Term Video Ambulatory EEG Additional Orders:
Length of Video Interment Monitoring (Select One)
 2 Days 3 Days 4 Days

Patient (Last, First) DOB Sex (M/F) Primary Language

Address City State Zip Code

Patient Phone Number Alternate Phone Number Parent/Guardian Name (Required For Minors) Parent/Guardian Phone #

Primary Insurance Secondary Insurance

Primary Insurance (Member ID) Secondary Insurance (Member ID)

Medicare Accepted ICD-10 Codes
Check All That Apply

- G49.000 Generalized tonic-clonic seizure syndrome, not intractable, not in status
- G49.001 Generalized tonic-clonic seizure syndrome, not intractable, in status
- G49.002 Generalized tonic-clonic seizure syndrome, intractable, not in status
- G49.003 Generalized tonic-clonic seizure syndrome, intractable, in status
- G49.004 Generalized tonic-clonic seizure syndrome, not intractable, not in status
- G49.005 Generalized tonic-clonic seizure syndrome, not intractable, in status
- G49.006 Generalized tonic-clonic seizure syndrome, intractable, not in status
- G49.007 Generalized tonic-clonic seizure syndrome, intractable, in status
- G49.008 Other epilepsy, not intractable, not in status
- G49.009 Other epilepsy, not intractable, in status
- G49.010 Other epilepsy, intractable, not in status
- G49.011 Other epilepsy, intractable, in status
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- G49.199 Other epilepsy, not intractable, in status
- G49.200 Other epilepsy, intractable, not in status

Ordering Physician
Phone # Fax #

Address 2

MRSA Does patient have follow-up visit scheduled? Yes No
If Yes, when? / /
Has the patient had a routine EEG? Yes No
If Yes, when? / /

Interpreting Physician
 Self (Same as referring physician)
 Other

Physician Statement
I, _____, certify that I am the physician who ordered this long term video ambulatory EEG monitoring, or I am the physician who reviewed the EEG monitoring report and I am the physician who interpreted the EEG monitoring report and I am the physician who will be responsible for the patient's care.

PLEASE SIGN COPIES OF FRONT & BACK OF INSURANCE CARDS.
PLEASE SIGNOGRAPHIC SHEET, GARBAGE NOTES & ROUTINE EEG SHEET.

PLACED SIGNATURE
Date

5. Click on “Got it” checkbox.

Long Term Video Ambulatory EEG Order Form

Procedure: Long Term Video Ambulatory EEG Additional Orders:
Length of Video Interment Monitoring (Select One)
 2 Days 3 Days 4 Days

Patient (Last, First) Sex (M/F) Primary Language

Address City State Zip Code

Patient Phone Number Alternate Phone Number Parent/Guardian Name (Required For Minors) Parent/Guardian Phone #

Primary Insurance Secondary Insurance

Welcome!
You're here to fill and submit this document. It's a simple, step-by-step process, and we'll walk you through it! Ready to get started?
Before we get started, we just want to make sure you understand that your digital signature is legally binding. You can read more about that here.
 Got it. I agree to use electronic records and signatures
Let's Get Started

6. Complete the form including at least the sections indicated in RED and the ICD10 codes, and Click “DONE” button at the bottom of the screen.

ICD10 Codes:

- G40.919 Epilepsy, unspecified, intractable, w/o SE
- G40.A09 Absence epileptic syndrome, not intractable, w/o SE
- G40.A19 Absence epileptic syndrome, intractable, w/o SE
- G40.B09 Juvenile myoclonic epilepsy, not intractable, w/o SE
- G40.B19 Juvenile myoclonic epilepsy, intractable, w/o SE
- R40.4 Transient alteration of awareness
- R41.82 Altered mental status, unspecified
- R55 Syncope and collapse
- R56.1 Post traumatic seizures
- R56.9 Unspecified convulsions
- Other _____

Physician Statement:

I certify that I am referring the above named patient for long-term electroencephalographic (EEG) monitoring, or long-term EEG monitoring as listed above, and to the best of my knowledge this test is medically necessary in order to diagnose the patient. I understand that the diagnostic testing provider will not provide a diagnosis nor will they recommend any therapeutic treatment for this patient.

Verified by PDFFiller
Steven Estes
05/27/2021
Physician Signature
05/27/21
Date

PLEASE SEND COPIES OF FRONT & BACK OF INSURANCE CARDS, PATIENT DEMOGRAPHIC SHEET, CLINICAL NOTES & ROUTINE EEG REPORT.

Email to admin@integrisneuro.com or Fax to 1-877-492-1768 / Alt. Fax 1-877-944-2111

DONE

7. When prompted click on the “YES, It’s Good to Go” button

Are You Sure?

You're about to submit your document.
Are you ready to do this?

DONE

8. Click on “ATTACH” buttons to attached PDF documents including Front & Back of Patient’s Insurance Cards, Patient Demographic Sheet, Clinical Notes, and Previous Routine EEG Report. When you have finished attaching the documentation click on the “Finish” button.

The image shows two screenshots from the Integris Neuro web portal. The left screenshot displays the 'Almost done' upload interface with four 'Attach' buttons for 'front & back of patient's insurance cards', 'patient demographic sheet', 'clinical notes', and 'previous routine eeg report'. A red circle highlights these buttons, and another red circle highlights the 'FINISH' button at the bottom. The right screenshot shows the 'Long Term Video Ambulatory EEG' order form, which includes fields for patient information, insurance details, and a list of ICD-10 codes. The 'FINISH' button is also visible at the bottom of the form.