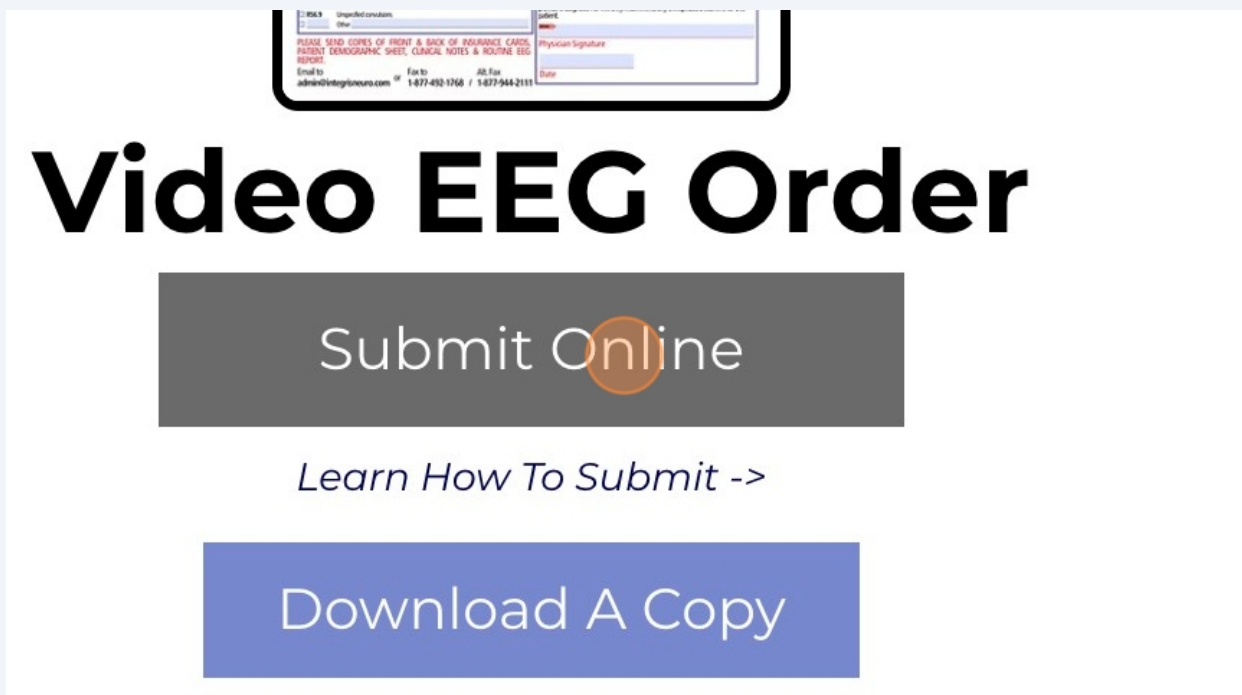


Long Term Video Ambulatory EEG - Order Form Instructions

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 www.integrisneuro.com/order-forms and follow the instructions below.

1 Navigate to <https://www.integrisneuro.com/order-forms>

2 Click "Submit Online"



3 Click "Start Filling"

INTEGRIS **Long Term Video Ambulatory EEG** Email to: admin@integrineuro.com
Order Form Fax to: 1-877-492-1768 / 1-877-944-2111

Procedure: Long Term Video Ambulatory EEG Routine EEG
Length of Video Intermittent Monitoring (Select One) Other
 1 Day 2 Days 3 Days 4 Days Description

Patient (Last, First) _____ DOB _____ Sex (M/F) _____
Address _____ City _____ State _____ Zip Code _____
Patient Phone Number _____ Parent/Guardian Name (Required For Minors) _____ Parent/Guardian Phone # _____
Primary Insurance _____ Secondary Insurance _____
Primary Insurance (Member ID) _____ Secondary Insurance (Member ID) _____

Commercial, Medicare & Medicaid Accepted Codes Check All That Apply

<input type="checkbox"/> G48.009 Focal/partial idiopathic epilepsy, localized, not intractable	Ordering Physician Phone # _____ Fax # _____ Address _____ Address 2 _____ NPI # _____ Physician Office Contact Does patient have follow-up visit scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ Has the patient had a routine EEG? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> G48.019 Focal/partial idiopathic epilepsy, intractable	
<input type="checkbox"/> G48.109 Focal/partial w/ simple partial seizures, not intractable	
<input type="checkbox"/> G48.209 Focal/partial w/ complex partial seizures, not intractable	
<input type="checkbox"/> G48.309 Gen idiopathic epilepsy, not intractable	
<input type="checkbox"/> G48.409 Gen idiopathic epilepsy, intractable	
<input type="checkbox"/> G48.409 Other gen epilepsy, not intractable	
<input type="checkbox"/> G48.419 Other gen epilepsy, intractable	
<input type="checkbox"/> G48.802 Other epilepsy, not intractable	
<input type="checkbox"/> G48.804 Other epilepsy, intractable	
<input type="checkbox"/> G48.812 Lennox-Gastaut syndrome, not intractable	
<input type="checkbox"/> G48.814 Lennox-Gastaut syndrome, intractable	
<input type="checkbox"/> G48.89 Other seizures	
<input type="checkbox"/> G48.909 Epilepsy, unspecified, not intractable	
<input type="checkbox"/> G48.919 Epilepsy, unspecified, intractable	
<input type="checkbox"/> G48.A02 Absence epileptic syndrome, not intractable	
<input type="checkbox"/> G48.A19 Absence epileptic syndrome, intractable	
<input type="checkbox"/> G48.B02 Juvenile myoclonic epilepsy, not intractable	
<input type="checkbox"/> G48.B19 Juvenile myoclonic epilepsy, intractable	
<input type="checkbox"/> R61.12 Abnormal mental status, unspecified	
<input type="checkbox"/> R55 Syncope and collapse	

Start Filling →

4 Fill in the form with necessary information.

Order Form

Procedure

Length of Video Intermittent Monitoring (Select One)

1 Day
 2 Days
 3 Days
 4 Days

Additional Orders

Routine EEG
 Other

5 Be sure to fill in all fields highlighted Red as these are required.

Routine EEG
 Other

Patient Information

Patient Name (Last, First) * <input type="text"/>	Birthday * <input type="text" value="MM/DD/YYYY"/> Date
Sex (M/F) * <input type="text"/>	Patient Phone # * <input type="text" value="(000) 000-0000"/>
Address * <input type="text"/>	

6 Select All ICD-10 Codes that will apply to this order.

Other

ICD 10 Codes

Select All That Apply

Commercial, Medicare & Medicaid Accepted Codes *

- G40.009 - Focal partial idiopathic epilepsy, localized, ne
- G40.019 - Focal partial idiopathic epilepsy, intractable
- G40.109 - Focal partial w/ simple partial seizures, not in
- G40.209 - Focal partial w/ complex partial seizures, not
- G40.219 - Focal partial w/ complex partial seizures, intr
- G40.309 - Gen idiopathic epilepsy, not intractable
- G40.319 - Gen idiopathic epilepsy, intractable
- G40.409 - Other gen epilepsy, not intractable
- G40.419 - Other gen epilepsy, intractable

7 Sign the "Physician Signature" Field

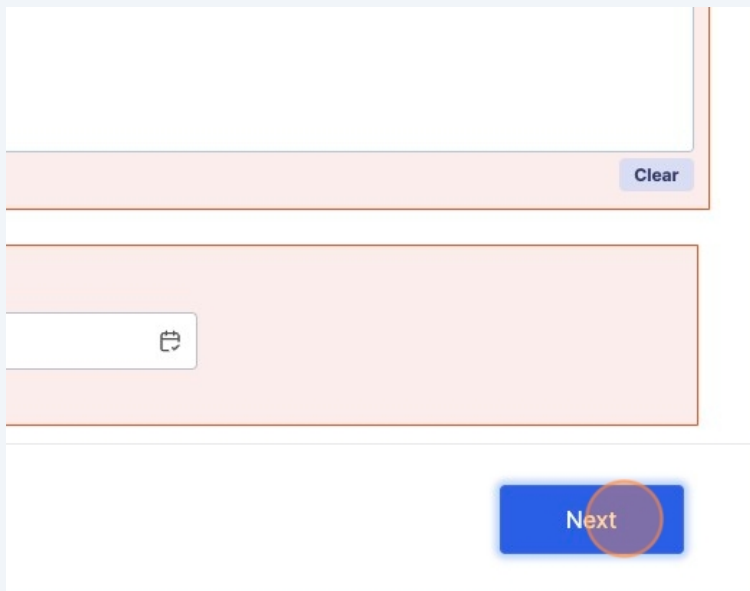
this test is medically necessary in order to diagnose the patient. I understand that the testing provider will not provide a diagnosis nor will they recommend any therapist for this patient.

Physician Signature *



Date *

8 Click "Next"




Clear

9

Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)

Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)



Browse Files
Drag and drop files here

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10

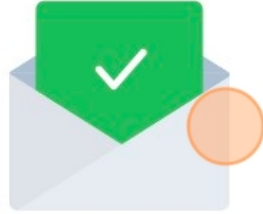
Click "Submit"

Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)


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11 Your order has been submitted at this point.



Thank You!

Your submission has been received