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Physician's Acknowledgement Form

1. I authorize California Bio Lab LLC to perform testing on my patients from my practice as directed by the individual requisition forms as well as my predefined custom profile on file, if applicable. I understand that it is my option to use a predefined custom profile or select specific tests on the test requisition form.
2. By signing this form, I hereby certified that as the ordering/treating physician I shall review the volume, frequency, and duration of testing and order laboratory testing accordingly and in accordance with clinical indication and medical necessity. I understand that it is my responsibility to determine the medical necessity of tests I have requested for the treatment and/or diagnosis of my patients. I agree to provide diagnosis codes, defined to the highest level of specificity, for each test that I order to confirm medical necessity and to enable California Bio Lab LLC to bill effectively on my patient's behalf.
3. By signing this form, I acknowledge if any Point of Care (POC) device is provided by the lab I will not directly or indirectly bill or collect a fee for POC testing without submitting payment to the lab for the device at a fair market value rate. I agree and understand the device will be used solely to collect, transport, process, or store specimens referred to the lab for testing. I acknowledge and understand that the use of the POC device for any other purpose or billing for POC testing with laboratory-provided POC devices without remitting payment for same to the lab could be interpreted as a violation of Anti-Kickback Statue 42 U.S.C. § 1320a-7b.
4. I acknowledge if any **Rapid 12 and or 14 Panel Cups** are provided by the lab and I remunerate off any service in which the device is used, I will receive an invoice and remit payment for the device at fair market value.
5. I understand that California Bio Lab LLC will be billing third parties for the tests I ordered. I will provide signed written orders for the patient's medical records to the requesting party or California Bio Lab LLC within 72 hours.
6. I verify that I am ordering testing to be performed at California Bio Lab LLC and its affiliated contracted laboratories.
7. My predefined custom profile will be valid for 180 days from the date of signature. I understand I may request changes to my predefined custom profile at any time. The signatories hereto understand there may be applicable National Coverage Determinations and Local Coverage Determinations for Clinical laboratory testing.
8. I authorize California Bio Lab LLC to upload my signature from the signature box below to the online portal. I acknowledge my signature will be used by the laboratory for all laboratory records and medical records requested by the insurance company. I acknowledge that I can add

a signature, update my signature, and remove my signature at any time directly on the online portal.

Doctor name _____ Date _____

Please sign in box

A large, empty rectangular box with a thin black border, intended for a signature.